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SENATE

{ REPORT  
119-55

### DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2026

JULY 31, 2025.—Ordered to be printed

Mrs. CAPITO, from the Committee on Appropriations,  
submitted the following

### REPORT

[To accompany S. 2587]

The Committee on Appropriations reports an original bill (S. 2587) making appropriations for Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2026, and for other purposes, reports favorably thereon without amendment and recommends that the bill do pass.

#### *Amounts to new budget authority*

Total of bill as reported to the Senate..... \$1,713,436,053,000

# CONTENTS

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	Page
List of Abbreviations .....	4
Summary of Budget Estimates and Committee Recommendations .....	7
Bill-Wide Directives .....	7
Title I: Department of Labor:	
Employment and Training Administration .....	11
Veterans' Employment and Training .....	25
Employee Benefits Security Administration .....	26
Pension Benefit Guaranty Corporation .....	26
Wage and Hour Division .....	27
Office of Labor-Management Standards .....	28
Office of Federal Contract Compliance Programs .....	28
Office of Workers' Compensation Programs .....	29
Division of Energy Employees Occupational Illness Compensation .....	30
Occupational Safety and Health Administration .....	31
Mine Safety and Health Administration .....	32
Bureau of Labor Statistics .....	33
Office of Disability Employment Policy .....	34
Departmental Management .....	35
General Provisions .....	38
Title II: Department of Health and Human Services:	
Health Resources and Services Administration .....	40
Centers for Disease Control and Prevention .....	68
National Institutes of Health .....	105
Substance Abuse and Mental Health Services Administration .....	172
Agency for Healthcare Research and Quality .....	190
Centers for Medicare and Medicaid Services .....	194
Administration for Children and Families .....	207
Administration for Community Living .....	224
Administration for Strategic Preparedness and Response .....	231
Office of the Secretary .....	247
General Provisions .....	265
Title III: Department of Education:	
Education for the Disadvantaged .....	268
Impact Aid .....	271
School Improvement Programs .....	272
Indian Education .....	277
Innovation and Improvement .....	279
Safe Schools and Citizenship Education .....	284
English Language Acquisition .....	286
Special Education .....	286
Rehabilitation Services .....	289
Special Institutions for Persons With Disabilities:	
American Printing House for the Blind .....	290
National Technical Institute for the Deaf .....	291
Gallaudet University .....	291
Career, Technical, and Adult Education .....	292
Student Financial Assistance .....	294
Student Aid Administration .....	295
Higher Education .....	302
Howard University .....	311
College Housing and Academic Facilities Loans Program .....	311
Historically Black College and University Capital Financing Program	
Account .....	312
Institute of Education Sciences .....	312

	Page
Title III—Continued	
Departmental Management:	
Program Administration .....	316
Office for Civil Rights .....	321
Office of the Inspector General .....	322
General Provisions .....	322
Title IV: Related Agencies:	
Committee for Purchase From People Who Are Blind or Severely Dis-	
abled .....	324
Corporation for National and Community Service .....	324
Federal Mediation and Conciliation Service .....	329
Federal Mine Safety and Health Review Commission .....	329
Institute of Museum and Library Services .....	329
Medicaid and CHIP Payment and Access Commission .....	331
Medicare Payment Advisory Commission .....	331
National Council on Disability .....	331
National Labor Relations Board .....	331
National Mediation Board .....	332
Occupational Safety and Health Review Commission .....	332
Railroad Retirement Board .....	332
Social Security Administration .....	333
Title V: General Provisions .....	339
Compliance With Paragraph 7, Rule XVI of the Standing Rules of the Senate .	341
Compliance With Paragraph 7(c), Rule XXVI of the Standing Rules of the	
Senate .....	342
Compliance With Paragraph 12, Rule XXVI of the Standing Rules of the	
Senate .....	343
Budgetary Impact of Bill .....	345
Disclosure of Congressionally Directed Spending Items .....	346
Amounts Recommended in the Bill for Fiscal Year 2026 .....	426

## LIST OF ABBREVIATIONS

ACA—Patient Protection and Affordable Care Act  
ACL—Administration for Community Living  
AHRQ—Agency for Healthcare Research and Quality  
ASH—Assistant Secretary for Health  
ASPR—Administration for Strategic Preparedness and Response  
BARDA—Biomedical Advanced Research and Development Authority  
CDC—Centers for Disease Control and Prevention  
CJ—Congressional Justification of Estimates for Appropriations Committees  
CMS—Centers for Medicare and Medicaid Services  
CNCS—Corporation for National and Community Service  
CPB—Corporation for Public Broadcasting  
DOD—Department of Defense  
DOL—Department of Labor  
EBSA—Employee Benefits Security Administration  
ESEA—Elementary and Secondary Education Act  
ETA—Employment and Training Administration  
FDA—Food and Drug Administration  
FIC—Fogarty International Center  
FMCS—Federal Mediation and Coalition Service  
FMSHRC—Federal Mine Safety and Health Review Commission  
FTE—full-time equivalent  
GAO—Government Accountability Office  
HBCUs—Historically Black Colleges and Universities  
HCFAC—Health Care Fraud and Abuse Control  
HELP—Health, Education, Labor, and Pensions  
HHS—Health and Human Services  
HRSA—Health Resources and Services Administration  
IC—Institute and Center  
IDEA—Individuals with Disabilities Education Act  
IMLS—Institute of Museum and Library Services  
LEA—local educational agency  
MACPAC—Medicaid and CHIP Payment and Access Commission  
MedPAC—Medicare Payment Advisory Commission  
MSHA—Mine Safety and Health Administration  
NCATS—National Center for Advancing Translational Sciences  
NCI—National Cancer Institute  
NEI—National Eye Institute  
NHGRI—National Human Genome Research Institute  
NHLBI—National Heart, Lung, and Blood Institute  
NIA—National Institute on Aging  
NIAAA—National Institute on Alcohol Abuse and Alcoholism  
NIAID—National Institute of Allergy and Infectious Diseases  
NIAMS—National Institute of Arthritis and Musculoskeletal and Skin Diseases

NIBIB—National Institute of Biomedical Imaging and Bioengineering

NICHHD—Eunice Kennedy Shriver National Institute of Child Health and Human Development

NIDA—National Institute on Drug Abuse

NIDCD—National Institute on Deafness and Other Communication Disorders

NIDCR—National Institute of Dental and Craniofacial Research

NIDDK—National Institute of Diabetes and Digestive and Kidney Disease

NIDRR—National Institute on Disability and Rehabilitation Research

NIEHS—National Institute of Environmental Health Sciences

NIGMS—National Institute of General Medical Sciences

NIH—National Institutes of Health

NIMH—National Institute of Mental Health

NIMHD—National Institute on Minority Health and Health Disparities

NINDS—National Institute of Neurological Disorders and Stroke

NINR—National Institute of Nursing Research

NLM—National Library of Medicine

NLRB—National Labor Relations Board

NSF—National Science Foundation

NTID—National Technical Institute for the Deaf

OAR—Office of AIDS Research

OCR—Office for Civil Rights

ODEP—Office of Disability Employment Policy

OFCCP—Office of Federal Contract Compliance Programs

OIG—Office of the Inspector General

OLMS—Office of Labor-Management Standards

OMB—Office of Management and Budget

OMH—Office of Minority Health

OMHA—Office of Medicare Hearings and Appeals

ONC—Office of the National Coordinator for Health Information

Technology

ORWH—Office of Research on Women's Health

OSHA—Occupational Safety and Health Administration

OWCP—Office of Workers' Compensation Programs

OWH—Office of Women's Health

PBGC—Pension Benefit Guaranty Corporation

PHS—Public Health Service

PPH Fund—Prevention and Public Health Fund

PRNS—Programs of Regional and National Significance

RSA—Rehabilitation Services Administration

SAMHSA—Substance Abuse and Mental Health Services Administration

SEA—State educational agency

SPRANS—Special Projects of Regional and National Significance

SSA—Social Security Administration

SSI—Supplemental Security Income

STEM—science, technology, engineering, and mathematics

UI—unemployment insurance

USAID—U.S. Agency for International Development

VETS—Veterans' Employment and Training Services

VISTA—Volunteers in Service to America  
WANTO—Women in Apprenticeship and Non-Traditional Occupations  
WHD—Wage and Hour Division  
WIA—Workforce Investment Act  
WIOA—Workforce Innovation and Opportunity Act

COMMITTEE REPORT FOR DEPARTMENTS OF LABOR,  
HEALTH AND HUMAN SERVICES, AND EDUCATION, AND  
RELATED AGENCIES APPROPRIATIONS BILL, 2026

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE  
RECOMMENDATIONS

For fiscal year 2026, the Committee recommends total budget authority of \$1,713,436,053,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes \$196,974,000,000 in current year base discretionary funding consistent with the subcommittee's allocation. In addition, the bill includes \$3,104,000,000 in program integrity allocation adjustments.

Fiscal year 2025 levels cited in this Committee Report reflect the enacted amounts in Public Law 119–4, the Full-Year Continuing Appropriations and Extensions Act, 2025, adjusted for comparability where noted.

BILL-WIDE DIRECTIVES

The Labor, Health and Human Services, and Education, and Related Agencies [Labor-HHS–Education] appropriations bill constitutes the largest share of non-defense discretionary funding and supports critical investments in a wide range of areas including early learning, substance use and mental health, biomedical research, public health and preparedness, elementary and secondary education, higher education, workforce development, and social security, among many others.

This Committee Report provides additional direction and specificity on the uses of funds provided in this bill. During fiscal year 2026, for the purposes of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended, with respect to appropriations contained in the accompanying bill, the terms “program, project, and activity” [PPA] shall mean any item for which a dollar amount is contained in appropriations acts (including joint resolutions providing continuing appropriations) or accompanying reports of the House and Senate Committees on Appropriations, or accompanying conference reports and joint explanatory statements of the committee of conference. The Committee expects agencies to submit any reprogramming or transfer requests in compliance with requirements of this act and to provide a thorough explanation of the proposed reallocations, including a detailed justification of increases and reductions. The Committee expects each agency to manage the expenditures of its programs and activities to remain within the amounts appropriated by Congress.

The Committee also continues the longstanding requirement that each agency submit an operating plan to the House and Senate Committees on Appropriations not later than 45 days after enact-

ment of this act, in order to establish the baseline for application of reprogramming and transfer authorities provided in this act. The operating plan should include at minimum funding for PPAs as specified above.

The Committee continues to appreciate the close working relationship with the various budget offices of the agencies funded in this bill. Maintaining these relationships is critical for the Committee to perform its duties in both developing these funding requirements and recommendations and providing oversight over the execution of funds.

Finally, each reference to the Committees or Committees on Appropriations in this Committee Report, unless otherwise noted, is to the House of Representatives Subcommittee on Labor, Health and Human Services, Education, and Related Agencies and the Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies.

*Agency Performance Reports.*—The Committee looks forward to receiving the fiscal year 2025 Agency Performance Reports from the Departments and agencies funded in this act. Not later than 45 days after enactment of this act, the Committee directs the Departments funded in this act and CNCS to provide a briefing on their strategic plan goals for fiscal year 2025 and fiscal year 2026 and the actions the Departments and CNCS have taken or plan to take to meet those goals, including through any planned workforce, programmatic (including planned programmatic reviews), and organizational changes and how the Departments and CNCS determined those changes would improve direct services and grantee oversight and support.

*Consultation and Briefing Requirement.*—The Committee directs the Departments funded in this act and CNCS to consult with the Committee on any actions expected to significantly increase or decrease current or future costs of programs they administer. In addition, the Committee directs the Departments funded in this act and CNCS to consult with the Committee on any execution action related to any program or activity for which a directive is included in this report not later than 4 weeks prior to a public announcement related to such action. Further, the Committee directs the Departments funded in this act and CNCS to brief the Committee on any action covered by this consultation requirement, including consideration and incorporation of feedback during such initial consultation, not later than 1 week prior to a public announcement related to such action. This paragraph does not replace a more specific directive for a program or activity included in this report.

*Final Spend Report.*—The Committee directs the Departments funded in this act and CNCS to submit a report to the Committees at the conclusion of the fiscal year providing details on all entities awarded funding, selection criteria used, and the funding amount for each grant or contract awarded for each competitive grant program funded under this act.

*Grant Process.*—The Departments and agencies funded in this act provide grants that support important activities—from biomedical research to workforce training to substance use treatment services to education for students with disabilities—that touch the lives of millions of Americans in communities across the country.



Accordingly, it is critical that the Federal grant making process is implemented in a timely, efficient, and consistent manner. The Committee directs the Departments funded in this act and CNCS to ensure that funding opportunity announcements are posted, non-competing continuation awards are made, new grants are awarded, and funding is disbursed all in a timely, efficient, and consistent manner.

The Committee directs the Departments funded in this act and CNCS to post publicly on their Website a listing of all of the notices of funding opportunities they plan to announce for the subsequent 6 months and the estimated award date of funding under those notices, and update such information no less than monthly thereafter. The Committee also directs the Departments funded in this act and CNCS, to adjust internal competitive grant timelines as necessary to ensure when funding opportunities are announced and when funding is awarded aligns with a program's purpose, for example that Department of Education funding generally aligns with school years, and to the extent practicable provide applicants with a minimum of 60 days to apply for most funding opportunities. The Committee also directs the Departments funded in this act and CNCS to provide a report to the Committees listing all grants during the previous month for which a scheduled non-competing continuation award was not made within 14 days of the end of the previous period of performance, including an explanation for the delay. Finally the Committee directs the Departments funded in this act and CNCS to ensure grant recipients do not experience unjustified delays in drawing down grant funds.

The Committee requests GAO conduct targeted reviews of the grant processes at specific agencies funded in this act and make recommendations to improve efficiencies that could apply broadly to prevent unnecessary disruptions for grantees and maximize the benefits to intended beneficiaries of Federal programs.

*Grant Terminations.*—The Committee has long required advance notification prior to issuing grant awards, and includes a new comparable requirement for advance notification prior to terminating grants. The Committee directs the Departments funded in this act and CNCS to provide a report within 120 days of enactment of this act of all grants that were terminated or discontinued in fiscal year 2025, including a justification for the termination or discontinuation, and any grants that were subsequently reinstated or partially reinstated. The Committee directs the Departments funded in this act and CNCS to include a timely appeals process for such actions, and provide a decision on any appeals within 30 days.

*Lifesaving Safety Stations.*—The Committee is encouraged by the General Services Administration's Bulletin FMR C-2024-01, "Safety Station Program Guidelines in Federal Facilities" that was issued on December 21, 2023. The Committee encourages all Departments covered in this act to implement these guidelines and establish safety stations in each public building that include automated external defibrillators, opioid reversal agents, and hemorrhagic control programs and requests a briefing from each Department within 90 days of enactment of this act on progress towards implementing these guidelines.

*Trust and Treaty Responsibilities.*—The Committee reminds agencies funded by this act of their obligation to uphold the Federal trust and treaty responsibilities to Tribes and Federal obligations to the Native Hawaiian Community. This includes upholding treaty and reserved rights, and any other rights and obligations under Federal law; supporting self-determination efforts by Native communities; fulfilling obligations under Presidential Memoranda and Executive Orders; and conducting early and robust government-to-government consultation with Tribes, and meaningful outreach and engagement with Native Hawaiians.

*National Strategy to Counter Antisemitism.*—The Committee also directs the Secretary of Education, Secretary of Health and Human Services, and Secretary of Labor to release public reports detailing how the Departments are addressing antisemitism, including by implementing the National Strategy to Counter Antisemitism.

*Timely Access for Inspectors General.*—The Committee reminds departments and agencies funded by this act that the Inspector General Act authorizes the Offices of the Inspector General funded by this act “to have timely access to all records, reports, audits, reviews, documents, papers, recommendations, or other materials available” related to “programs and operations” and expects such departments and agencies to meet this requirement and not impede the work of Inspectors General to carry out their statutory responsibilities.

*Voter Registration and Participation.*—The Committee directs the Secretary of Education, Secretary of Health and Human Services, and Secretary of Labor to brief the House and Senate Committees on Appropriations no later than 90 days after enactment of this act regarding any strategic plans developed by the Department over the three prior fiscal years outlining the ways that the Department has promoted voter registration, and voter participation.

## TITLE I

### DEPARTMENT OF LABOR

Any references in this title of the report to the “Secretary” or the “Department” shall be interpreted to mean the Secretary of Labor or the Department of Labor, respectively, unless otherwise noted.

#### EMPLOYMENT AND TRAINING ADMINISTRATION

##### TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2025 .....	\$3,898,587,000
Committee recommendation .....	3,977,088,000

The Training and Employment Services [TES] account provides funding primarily for activities under the Workforce Innovation and Opportunity Act [WIOA] (Public Law 113–128), and is a decentralized, integrated system of skill training and related services designed to enhance the employment and earnings of economically disadvantaged and dislocated workers. Funds provided for many training programs for fiscal year 2026 will support the program from July 1, 2026, through June 30, 2027. A portion of this account’s funding, \$1,772,000,000, becomes available on October 1, 2026, for the 2026 program year.

*Advanced Robotics Manufacturing.*—The Committee recognizes the need for workforce training and certificate programs targeting collaborative robotics and additive manufacturing to adequately prepare the current and future workforce for the challenges of tomorrow. The Committee encourages the Department to appropriately address this need through the prioritization of such programs, with an emphasis on programs that re-skill incumbent manufacturing workers.

*Apprenticeship Grants.*—The Committee supports the expansion of apprenticeship opportunities and notes that they can often provide more affordable pathways to high-paying jobs. Not later than 180 days after the enactment of this act, the Department shall publicly disclose on its website grantees receiving funding under the Apprenticeship Program from the previous program year, the number of apprentices attributable to each grantee, and the respective employment and earnings outcomes of program participants as required under section 116(b)(2)(A)(i) of WIOA. The Committee directs the Department to provide information related to apprenticeship grants, including all currently active grants and contracts, and data dashboards that allow for search and comparison of such data, including data on credentials earned through or as a result of apprenticeships. The Department shall make updates to apprenticeship.gov at least quarterly and shall include up to date information on grants and contracts. Additionally, the Department shall report to the Committee on the extent to which it is engaging with the

Department of Education to address mismatches between worker skills or their participation in the labor force and employer needs and the steps that the Department has taken or plans to take to study the drivers of skills' mismatches, workforce shortages, productivity fluctuations, turnover fluctuations, stagnant wages, and poor working conditions across occupations, industries, and the economy as a whole.

*Communities Affected by Substance Use.*—The Committee continues to encourage the Secretary to prioritize funding for grants to serve or retrain workers in communities impacted by the health and economic effects of widespread substance use, including methamphetamine use, addiction, and overdose.

*Creative Economy.*—The Committee recognizes that the creative economy was severely impacted by COVID-19 and encourages the Department to partner with the National Endowment for the Arts and the National Endowment for the Humanities to explore the feasibility and expansion of Registered Apprenticeship programs for creative workers who previously received income through creative, cultural, or artistic-based pursuits to produce ideas, content, goods, and services, without regard to whether such income is earned through employment as an independent contractor or as an employee for an employer.

*Improving Access to Available Benefits.*—The Committee recognizes that one-stop customers often face significant barriers to pursuing training and employment, including lack of access to quality childcare, food and nutrition, and medical services. Further, the Committee is concerned that the complexity of supportive services program eligibility requirements and application processes may discourage enrollment. To optimize use of Federal funds, the Committee encourages the Department, in coordination with the Department of Education and the Department of Health and Human Services, to provide guidance on informing one-stop center customers about the availability, including eligibility requirements, of supportive services or assistance, including Medicaid, the Supplemental Nutrition Assistance Program, the Earned Income Tax Credit, the Child Tax Credit, and the Temporary Assistance for Needy Families Program, and on referring customers to such services or assistance. Further, guidance should clarify how one-stops can assist customers in establishing eligibility for financial aid assistance programs related to education and training programs that are funded outside of WIOA.

*Interconnected Workforce Development Technology.*—The Committee encourages the Department to consider a unified approach to workforce development by encouraging States to develop digital, interconnected systems of technologies, maintained by State Workforce Agencies, to support the growth of skills-based hiring and competency-based education in order to increase credential completion and labor force participation.

*Laboratory Technicians.*—The Committee is concerned by the Nationwide shortage of trained laboratory technicians. BLS projects 12,000 new medical laboratory technicians are needed each year to meet growing demand. According to the American Society for Clinical Laboratory Science, programs currently graduate just 5,000 laboratorians each year. The Committee encourages the Sec-

retary to make funding available to increase the number of qualified laboratory technicians through workforce development.

*Modernizing Workforce Development Programming and Serving Underemployed Workers.*—The Committee encourages ETA to collaborate with State workforce agencies to modernize workforce development programming. The Committee is also concerned about the continued difficulty of underemployed workers transitioning to full employment and encourages ETA to explore new avenues for training, including the use of virtual resources. As part of this effort, ETA should consider the time constraints of underemployed workers who may work multiple jobs or have caretaking responsibilities that limit their ability to utilize the existing resources provided by ETA. Finally, the Committee further encourages the Department to develop a comprehensive long-term strategy for the delivery of online training and development programming.

*Opportunity Youth.*—The Committee continues to encourage the Department to use funds provided to carry out sections 168(b) and 169(c) of WIOA, which may be used for technical assistance and demonstration projects, to support demonstration programs that allow at-risk youth who are out-of-school, have limited work experience, and live in communities experiencing high rates of unemployment and high rates of community violence, to participate in the workforce, including programs that provide such youth with mentoring services.

*Public Libraries.*—The Committee continues to encourage ETA to expand its collaborative work with the Institute of Museum and Library Services [IMLS] to help States and local boards integrate the education, employment, and training services provided by public libraries into the workforce development system. Libraries can play a critical role in helping people access benefits and get back to work and the Committee encourages ETA to work with IMLS to identify barriers to libraries participating in programs funded under WIOA and to develop a plan to address those barriers. The Committee requests a briefing on the plan to identify and address barriers to libraries participating in programs under WIOA as encouraged in Senate Report 118–84.

*Pursue Workforce Data Linkages.*—The Committee directs the Department, in coordination with the Department of Health and Human Services, the Department of Education, and other Federal agencies that support workforce development programs and that hold nationwide earnings data, to submit a report to Congress within 360 days of enactment on how to improve data quality and transparency regarding participation in and outcomes from Federal education and training programs, including but not limited to WIOA, and including pre-participation earnings and employment measures as well as outcomes reporting beyond a single year post-exit, while also protecting privacy. The Departments should seek input from States, data-linkage experts, including members of the Advisory Committee on Data for Evidence-Building, with knowledge of practices for linking client data with Federal and State earnings data, data privacy experts, and other relevant stakeholders. The report should explain what steps can be taken under current law to implement modernized data infrastructure for workforce development programs, barriers presented by current stat-

utes, regulations, and guidance, as well as legislative changes that would be necessary to overcome those barriers. The report should also include steps the Department has taken to implement recommendations from the Advisory Committee on Data for Evidence Building's October 2022 final report.

*Railroad Workforce Development.*—The Committee is concerned about the workforce needs in the railroad and transit sectors. The Committee encourages the Department to expand workforce development opportunities to address the growing need for additional workers in the railroad and transit sectors. The Committee encourages the Department to work with the Department of Transportation and other Federal agencies to support educational opportunities and workforce training opportunities for high-skill, high-wage, and high-growth railroad and transit jobs in economically disadvantaged areas.

*Small Businesses.*—The Committee encourages the Department to support the employment needs of small businesses and entrepreneurial skills training through WIOA programs, particularly in underserved, disadvantaged communities.

*Submarine Construction Workforce.*—The Committee continues to encourage ETA to collaborate with the Departments of Defense and Education to address critical workforce needs in the submarine construction pipeline.

*Technology Usage for Workforce Interview Preparation.*—The Committee recognizes the critical role of interview preparation programs in supporting unemployed individuals, including opportunity youth, parents, veterans, individuals with disabilities, and formerly incarcerated individuals—as they transition into the workforce. The Committee encourages ETA to collaborate with state workforce agencies to prioritize partnerships with providers utilizing digital interview preparation programs to enhance workforce readiness, mitigate persistent unemployment challenges, and reduce strain on unemployment benefit resources, resulting in substantial cost savings for States.

*Water and Wastewater Operators.*—The Committee continues to be concerned by the Nationwide shortage of water and wastewater operators, particularly in rural areas, and continues to strongly urge the Secretary to make funding available through workforce development and apprenticeship activities funded under this bill for registered apprenticeship programs consistent with National Guideline Standards of Apprenticeship for Water and Wastewater System Operations Specialists and WIOA. The Committee continues to direct the Department to highlight the availability of funding opportunities that may support such activities, and to provide technical assistance and outreach to potential grantees with an emphasis on sectors that are underrepresented in the apprenticeship program and that have demonstrated shortages of workers.

#### *Grants to States*

The Committee provides \$2,919,332,000 for Training and Employment Services Grants to States.

Under WIOA, a local board is given up to 100 percent transfer authority between Adult and Dislocated Worker activities upon approval of the Governor.

*Adult Employment and Training.*—The Committee provides \$875,649,000 for adult employment and training. Formula funding is provided to States and further distributed to local workforce investment areas through one-stop centers. The program provides employment and training services to disadvantaged, low-skilled, unemployed, and underemployed adults, including veterans.

Funds are made available in this bill for adult employment and training activities in program year 2026, which occurs from July 1, 2026, through June 30, 2027. The bill provides that \$163,649,000 is available for obligation on July 1, 2026, and that \$712,000,000 is available on October 1, 2026. Both categories of funding are available for obligation through June 30, 2027.

*Dislocated Worker Assistance.*—The Committee provides \$1,095,553,000 for dislocated worker assistance. This program is a State-operated effort that provides training services and support to help permanently separated workers reskill to return to productive unsubsidized employment. In addition, States must use State-wide reserve funds for rapid response assistance to help workers affected by mass layoffs and plant closures. States must also use these funds to carry out additional State-wide employment and training activities, such as providing technical assistance to certain low-performing local areas, evaluating State programs, and assisting with the operation of one-stop delivery systems. States may also use funds for implementing innovative training programs.

Funds made available in this bill support activities in program year 2026, which occurs from July 1, 2026, through June 30, 2027. The bill provides that \$235,553,000 is available for obligation on July 1, 2026, and that \$860,000,000 is available on October 1, 2026. Both categories of funding are available for obligation through June 30, 2027.

*Timely Disbursement of Formula Funds.*—The Committee notes the importance of grant recipients receiving timely access to formula funds. Therefore, the Committee directs the Department to obligate formula funding in a timely manner, following the agency's historical timelines for such funds.

*Youth Training.*—The Committee provides \$948,130,000 for youth training. The purpose of this program is to provide low-income youth who are facing barriers to employment with services that prepare them to succeed in the knowledge-based economy. Funds are made available for youth training activities in program year 2026, which occurs from April 1, 2026, through June 30, 2027.

#### *National Programs*

##### *Dislocated Worker Assistance National Reserve*

The Committee provides \$300,859,000 for the Dislocated Worker Assistance National Reserve, which is available to the Secretary for activities such as responding to mass layoffs, plant and/or military base closings, and natural disasters, as well as for technical assistance, training, and demonstration projects.

Funds made available for the National Reserve in this bill support activities in program year 2026. The bill provides that \$100,859,000 is available for obligation on July 1, 2026, and that

\$200,000,000 is available on October 1, 2026. Both categories of funding are available for obligation through September 30, 2027.

*Automation Impacted Industries.*—The Committee continues to support funding to support demonstration and pilot projects relating to the training needs of workers who are, or are likely to become, dislocated as a result of automation.

*Career Pathways for Youth Grants.*—The Committee continues to recognize that multiple career pathways should be available to young people. The Committee also recognizes the need for early workforce readiness, employment, and training opportunities that help youth develop soft skills, such as responsibility, organization, and time management, as well as the need to learn workplace safety. The Committee provides \$20,000,000 to utilize the demonstration grant authority under the dislocated worker national reserve for grants to support national out-of-school time organizations that serve youth and teens, and place an emphasis on age-appropriate workforce readiness programming to expand job training and workforce pathways for youth and disconnected youth. This programming includes soft skill development, career exploration, mentoring, job readiness and certification, summer jobs, year-round job opportunities, and apprenticeships. Funding will also support partnerships between workforce investment boards and youth serving organizations. Additionally, the Committee encourages the Department to determine the feasibility of utilizing the existing one-stop infrastructure to develop and execute career pathways for youth at the local or regional level.

*Dislocated Worker National Reserve Grantee Performance Reporting.*—Consistent with the requirements of section 116(b)(2)(A)(i) of WIOA (29 U.S.C. 3141), the Committee directs the Department to require that all grantees receiving awards funded through the Dislocated Worker National Reserve report on the employment, earnings, and credential attainment outcomes of program participants. The Committee further directs ETA to include program participant outcomes disaggregated by grantee on its website.

*Employee Ownership Initiative.*—The Committee provides \$2,000,000 for grants authorized by section 346(d) of the SECURE 2.0 Act of 2022. Funds will be used to establish and expand employee ownership programs authorized by such section. The Committee directs the Employee Benefits Security Administration to provide subject matter assistance to ETA as it develops and administers this grant program.

*Multi-State National Dislocated Coal Miners Assistance Grant Program.*—The Committee is aware of the difficulties experienced by dislocated coal miners as a result of continuing energy sector restructuring. The Committee continues to strongly support funding for non-profit organizations that provide employment and training assistance, as well as related supportive services, to individuals who are dislocated by coal plant closures or substantial layoffs at coal mine operations and their immediate family.

*Strengthening Community College Training Grants [SCCTG].*—The Committee provides \$65,000,000 for SCCTG. This program builds the capacity of community colleges to address workforce development needs in in-demand industries and career pathways



leading to quality jobs and to expand evidence-based solutions to addressing such needs.

*Workforce Opportunity for Rural Communities.*—The Committee provides \$50,000,000 for the Workforce Opportunity for Rural Communities program, to provide enhanced worker training in the Appalachian, Delta, and Northern Border regions. These funds provide reemployment and training assistance to dislocated workers in rural areas to help them adapt existing skills and learn new ones demanded by growing industries. The Committee strongly encourages the Department to develop funding opportunity announcements and make grant awards in coordination with the Appalachian Regional Commission [ARC], Delta Regional Authority [DRA], and Northern Border Regional Commission [NBRC], for which each award shall not exceed \$1,500,000. Within the total, the Committee provides \$21,750,000 for grants in areas served by the ARC, \$21,750,000 for areas served by the DRA, and \$6,500,000 for areas served by the NBRC.

#### *Indian and Native American Programs*

The Committee provides \$60,000,000 for Indian and Native American Programs. These programs are designed to improve the academic, occupational, and literacy skills of Native Americans, Alaskan Natives, and Native Hawaiians to aid the participants in securing permanent, unsubsidized employment. Allowable training services include adult basic education, general educational development attainment, literacy training, English language training, remedial education, and career and technical education.

The Committee supports the effective implementation of the Indian and Native American programs. The Committee directs the Department to ensure new members of the Native American Employment and Training Council [NAETC] are selected as expeditiously as possible to avoid vacancies on the NAETC.

#### *Migrant and Seasonal Farmworker Programs*

The Committee provides \$97,396,000 for migrant and seasonal farmworkers programs, which serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farm work, fishing, or logging activities. Enrollees and their families are provided with employment, training, and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

The Committee provides that \$90,134,000 be used for State service area grants. The Committee also provides bill language directing that \$6,591,000 be used for migrant and seasonal farmworker housing grants, of which not less than 70 percent shall be for permanent housing. The principal purpose of these funds is to continue the network of local farmworker housing organizations working on permanent housing solutions for migrant and seasonal farmworkers. The Committee also provides \$671,000 to be used for training, technical assistance, and related activities, including funds for migrant rest center activities under section 167 of WIOA.

The Committee recognizes the value of this program in serving the entire nation and directs the Department to ensure no state is

prohibited from applying for funds under migrant and seasonal farmworker programs if such state otherwise meets eligibility criteria outlined in statute.

#### *YouthBuild*

The Committee provides \$105,000,000 for YouthBuild, which helps provide disconnected youth with work readiness and industry-driven credential attainment opportunities.

The Committee encourages the Department to ensure YouthBuild grants reach geographically diverse areas, including rural areas.

#### *Reentry Employment Opportunities [REO]*

The Committee provides \$110,000,000 for the REO program, including \$30,000,000 for national and regional intermediaries. The REO program provides current or formerly incarcerated youth and adults involved in the justice system with occupational skills training that leads to industry recognized credentials and apprenticeships leading to employment in good, well-paying jobs and careers with opportunities for advancement. Programs are carried out directly through State and local governmental entities and community-based organizations, as well as indirectly through intermediary organizations.

The Committee directs the Department to ensure grantees establish formal partnerships with employers and that program participants receive industry recognized credentials and training in fields that prepare them for successful reintegration, including ensuring participants receive training and credentials in fields where their record is not a barrier to entry or continued employment. The Committee also directs the Department to consider the needs of communities that have recently experienced significant unrest.

#### *Apprenticeship Grants*

The Committee provides \$285,000,000 for Apprenticeship Grants.

The Committee continues to support the prioritization of funding to expand registered apprenticeships into new industries and for underserved or underrepresented populations. The Committee supports the use of apprenticeship grants that provide worker education in in-demand and emerging fields, including first responder; disaster resilience, response, and recovery; utility (energy and water) and resource management; transportation and infrastructure; goods movement sectors such as global logistics, rail and other freight-related employment; technology and outdoor recreation economy-related employment. The Committee also encourages the Department to support apprenticeship opportunities that incorporate non-traditional industries, while providing appropriate flexibility for such industries. Further, the Committee encourages the Department to fund apprenticeship opportunities in local communities that have high rates of unemployment and high rates of community violence.

*Pay for Success.*—The Committee looks forward to the Department's assessment of the feasibility of supporting a pay-for-success initiative as directed in the fiscal year 2024 explanatory statement.

*School Administrator Apprenticeships.*—The Committee is encouraged by the Department’s decision to make school administrators eligible for apprenticeship training and assistance. The Department should provide additional funding to further establish and implement a leadership development apprenticeship program to help educators advance their careers, address school principal and superintendent shortages, and meet growing demand.

*Workforce Data Quality Initiative*

The Committee provides \$6,000,000 for the Workforce Data Quality Initiative, which provides competitive grants to support States in developing, connecting, and enhancing their longitudinal data systems that integrate education and workforce data. This supports evaluation and research on the effectiveness of education and workforce programs, and helps provide consumer-friendly information so that individuals can select the programs that best meet their needs.

*Workforce Data Innovation and Transparency.*—The Committee recognizes the need to encourage innovation at the state level to improve data collection and accuracy. The Committee supports the work of the Workforce Data Quality Initiative to increase data transparency, enhance workforce delivery services, and help connect individuals to careers.

*Congressionally Directed Spending*

The Committee provides \$93,501,000 for the projects, and in the amounts, specified in the table at the end of this Committee Report.

Within 60 days of enactment of this act and every 60 days thereafter, the Committee directs the Department to provide a report detailing the status of CDS funding for fiscal year 2026. Such a report shall be presented in Excel format and include a project description, requestors, the type of award, total obligations, total disbursements, and the percent disbursed.

JOB CORPS

Appropriations, 2025 .....	\$1,760,155,000
Committee recommendation .....	1,760,155,000

The Committee provides \$1,603,325,000 for operations of Job Corps centers.

The Committee provides \$33,830,000 for administrative costs.

The Committee provides a total of \$123,000,000 in construction, renovation, and acquisition [CRA] funds. This amount is available from July 1, 2026, to June 30, 2029. The Committee continues bill language allowing the Secretary to transfer up to 15 percent of CRA funds, if necessary, to meet the operational needs of Job Corps centers or to achieve administrative efficiencies. The bill continues to require the Secretary to notify the Committees at least 15 days in advance of any transfer. Any such notification shall include a justification.

*Background Checks.*—The Committee is concerned that the pause in processing background checks for Job Corps applicants has had a detrimental impact on young people and on the efficient operations of the program. The Committee directs the Secretary to

immediately resume processing background checks and provide a briefing on the number of background checks requested, the number of background checks completed, and the number of new students enrolled in Job Corps programs. Additionally, the Committee directs the Department to issue interim guidance authorizing Job Corps center operators to utilize alternative background check and vetting services that meet the requirements of 29 U.S.C. 3195(b)(1)(C) in order to immediately resume student enrollment. The Committee further directs the Department to submit a report within 60 days of enactment outlining the steps it has taken to implement this authority and any remaining barriers to center-level intake and enrollment.

*Continuous Campus Improvement.*—The Committee encourages the Department to develop a process involving Job Corps youth service providers for setting achievable campus performance expectations in order to more effectively drive continuous improvement in student outcomes.

*COVID Staffing Determinations.*—The Committee directs the Department to fully rescind COVID-era policies related to staffing decisions. The Committee encourages the Department to work with Job Corps operators and other experts to make staffing determinations based on State requirements, budgetary outlooks, and which staffing levels will produce the highest-quality student outcomes.

*Homeless Youth.*—The Committee continues to strongly encourage the Department to streamline application requirements for homeless youth in Job Corps.

*Maximizing Employer Partnerships.*—The Committee applauds the Department's efforts to develop relationships between Job Corps and employers associated with our Nation's strategic priorities including infrastructure, advanced manufacturing, and the defense industrial base. The Committee encourages the Department to fully leverage section 158(f) of WIOA to maximize the resources available to campuses to develop these partnerships and meet employers' needs.

*Rural Training Sites.*—The Committee encourages the Department to support and incentivize high quality center operators to develop and enhance partnerships with existing rural training sites to enhance opportunities and work experiences for students in underserved rural or remote communities. Such rural partnerships should use student-focused industry-backed curricula, prepare students for employment in high-demand fields, offer students the opportunity to take coursework leading to college credit, and demonstrate strong employer partnerships within the region in which the center is located. Such partnerships will also promote the ability of Job Corps centers to meet local workforce and cultural needs in communities far removed from their locations.

*Status Updates on Atlanta Job Corps Center.*—Congress has previously provided funding for the construction of the new Atlanta Job Corps center. The Committee directs the Department to provide a semi-annual report to the Committee on the status of the construction of the Atlanta Job Corps Center. The report should be made available online and should include relevant resources offered by the Department, including other Job Corps opportunities

for young people in the Atlanta Job Corps Center service area while the Atlanta Job Corps Center is completed.

*Substance Use and Behavioral Health.*—The Committee is concerned about the increase in overdoses and deaths among youth resulting from drug use, including fentanyl. The Committee requests the Department make recommendations, including legislative changes, to address substance use and behavioral health challenges of Job Corps participants in its fiscal year 2027 CJ.

#### COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2025 .....	\$405,000,000
Committee recommendation .....	395,000,000

Community Service Employment for Older Americans [CSEOA] provides part-time employment in community service activities and work-based training for unemployed, low-income persons aged 55 and older to help increase the number of such persons who obtain unsubsidized employment. The Committee provides \$395,000,000 for CSEOA.

The Committee encourages the Department to reserve amounts proportionate to the Pacific Islander and Asian American and the Indian populations for national grants to national Pacific Island and Asian American and Indian aging organizations who have a track record of reaching, in a linguistically and culturally competent manner, this underserved population of older workers across the country with significant barriers to employment. The Committee also directs the Department to provide an update in the fiscal year 2027 CJ on how recipients of funding under title V of the Older Americans Act of 1965 [OAA] are serving older individuals who are Native American and Pacific Islander and Asian American with such funding.

#### FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2025 .....	\$33,900,000
Committee recommendation .....	50,300,000

The Committee provides mandatory funds for the Federal unemployment benefits and allowances program that assists workers who have been adversely affected by international trade by retraining for new careers and updating their skills. The Trade Adjustment Assistance program provides benefits and services to help participants find a path back into middle-class jobs, improve earnings, and increase credential and education rates. TAA provides benefits and services to those who qualify, to include job training, job search and relocation allowances, and wage supplements for workers age 50 and older.

The Committee notes that while the Department may not issue any determinations and may not accept any new petitions or requests for reconsideration, workers who were certified and separated from their job on or before June 30, 2022, may still be eligible for benefits and services.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE  
OPERATIONS

Appropriations, 2025 .....	\$4,012,150,000
Committee recommendation .....	4,081,150,000

The Committee provides \$4,002,084,000 authorized to be drawn from the Employment Security Administration account of the Unemployment Trust Fund and \$79,066,000 to be provided from the general fund of the Treasury.

The funds in this account are used to provide administrative grants and assistance to State agencies that administer Federal and State unemployment compensation laws and operate the public employment service.

*Unemployment Insurance*

The Committee provides a total of \$3,226,635,000 for Unemployment Insurance [UI] activities. For UI State operations, the Committee provides \$2,750,635,000.

The Committee provides \$467,000,000 for Reemployment Services and Eligibility Assessments, to expand intensive, individualized reemployment assistance, and to help address and prevent long-term unemployment, and reduce improper payments. This includes \$117,000,000 in base funding and \$350,000,000 in allocation adjustment funding. The Committee also provides \$9,000,000 for the UI Integrity Center of Excellence, including supporting an integrated data hub, training modules, and data analytics capacity to help States reduce fraud.

Finally, the Committee provides \$18,000,000 for UI national activities, which will support activities that benefit the entire Federal-State UI system, including supporting the continuation of IT upgrades and technical assistance.

The Committee directs the Department to include information in the fiscal year 2027 CJ on: (1) how the ability of State workforce agencies to provide federally required service levels for unemployment insurance programs is affected when States do not receive the resources they need for administration as identified by the Resource Justification Model; (2) whether improvements to the Resource Justification Model could support improved State administration of the unemployment insurance programs; (3) whether Federal funding to States fully pays for the administration of Federal benefit programs, including emergency benefit programs implemented during the COVID-19 pandemic; (4) how ETA used CARES Act, ARPA, and annual appropriations to improve the administration and integrity of the unemployment insurance system since 2020 and how the termination of the UI ARPA grants in May 2025 impacts efforts to improve the integrity of States' unemployment insurance systems; (5) how States identify fraudulent actors who apply for unemployment insurance payments and the nature of these actors; (6) how any new appropriations and authorities would help the Department improve access to unemployment insurance for eligible workers and identify and recoup fraudulent overpayments; and (7) how any new appropriations and authorities would enhance methods by which ETA helps States better administer

their unemployment insurance programs and identify and recoup fraudulent overpayments.

The Committee also directs the Department to submit a report within 360 days of enactment of this act evaluating all state unemployment insurance offices for program integrity, timely delivery of benefits, front-end verification of applicants, timely and accurate determinations of eligibility for initial and continued claimants, re-employment efforts, and how Federal support for state insurance offices contributes to these issues. Additionally, the report should recommend to the Committee targeted investments to address the systemic issues listed in the report and include best practices from States that have improved the administration of the unemployment insurance program.

#### *Employment Service*

For the Employment Service allotments to States, the Committee provides \$675,052,000. This amount includes \$21,413,000 in general funds together with an authorization to spend \$653,639,000 from the Employment Security Administration account of the Unemployment Trust Fund.

The Committee also provides \$20,000,000 for Employment Service national activities.

The Committee provides \$2,500,000 to continue efforts to reduce the processing backlog for the work opportunity tax credit [WOTC] program and for assisting States to modernize information technology for processing certification requests, which may include training and technical assistance. The Committee directs the Department to provide a briefing to the Committee 90 days after enactment of this act on efforts to reduce the WOTC backlog. Consistent with this effort, the Committee strongly urges the Department to develop national guidelines for the consistent administration of the program, including flexibility for State workforce agencies with lower capacity. This guidance should also encourage State workforce agencies to enter into cooperative information exchange agreements with Federal and State agencies that have the data needed to determine WOTC eligibility. Finally, the Committee recognizes that processing requests for remote workers may be best accomplished in the State where the workers reside and not where the employer is located.

#### *Foreign Labor Certification*

For carrying out the Department's responsibilities related to foreign labor certification activities, the Committee provides \$60,528,000. In addition, 5 percent of the revenue from H-1B fees is available to the Department for costs associated with processing H-1B alien labor certification applications, and \$23,282,000 is available for related State grants.

*Prompt Processing of H-2B Visas.*—The Committee continues to strongly encourage the Department to take steps to ensure prompt processing of H-2B visa applications and to minimize future interruptions to the H-2B visa program.

*Timely Processing of Permanent Labor Certification Applications.*—The Committee strongly encourages the Department to take appropriate actions using existing authority and resources to im-

prove the processing of Permanent Labor Certification Applications, including Prevailing Wage Determinations filed through Foreign Labor Application Gateway [FLAG] system. Historically, processing took less than 6 months, but currently takes well over a year. The Prevailing Wage Determinations for the process should be processed in no more than 2 weeks and the Department should return to processing times of less than 1 month, notwithstanding backlogs at other departments involved in the visa process. Within 60 days of enactment, the Department shall provide the Committee with a report detailing efforts being taken to improve processing timeframes by using existing authority and resources, including automating the self-attestation process to speedily approve submissions, while flagging potential bad actors for further investigation and audits.

#### *One Stop Career Centers/Labor Market Information*

For one-stop career centers and labor market information, the Committee provides \$57,653,000 for assisting States with collecting and producing workforce and labor market information and to improve the ability of job seekers to obtain information about programs of study funded with Federal workforce training funds.

The Committee is encouraged by progress made through the Department's efforts to incentivize States to reduce barriers to entry into licensed occupations and increase license portability to facilitate mobility of workers in such occupations, with an emphasis on transitioning service members, veterans, and military spouses. The Committee encourages the Department to expand on these past efforts to encourage occupational licensing reform, which could include grants to States, and associations of States, to review, eliminate and reform licensing requirements, and to promote portability of State licenses. Grant funding would support institutions of higher education and occupational licensing partners to address barriers to licensure for veterans and transitioning service members, immigrants with work authorization, individuals with a criminal history, and dislocated, low-wage workers. The Department, in consultation with the Departments of Defense and Veterans Affairs, is also encouraged to improve the information made publicly available on credentials and licenses that facilitate entry into or advancement in occupations.

#### ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee bill continues language providing such sums as necessary in mandatory funds for this account. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient.

#### PROGRAM ADMINISTRATION

Appropriations, 2025 .....	\$172,915,000
Committee recommendation .....	158,433,000

The Committee provides \$158,433,000 for program administration, including \$104,527,000 in general funds and \$53,906,000 from



the Employment Security Administration account of the Unemployment Trust Fund.

General funds in this account pay for the Federal staff needed to administer employment and training programs under WIOA, OAA, the Trade Act of 1974 (Public Law 93–618), and the National Apprenticeship Act. Trust funds provide for the Federal administration of employment security, training and employment, and executive direction functions.

#### VETERANS' EMPLOYMENT AND TRAINING

Appropriations, 2025 .....	\$335,341,000
Committee recommendation .....	335,341,000

The Committee provides \$335,341,000 for the Veterans' Employment and Training Service [VETS], including \$65,500,000 in general revenue funding and \$269,841,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund.

This account provides resources for VETS to maximize employment opportunities for veterans and transitioning service members, including protecting their employment rights. VETS carries out its mission through a combination of grants to States, competitive grants, and Federal enforcement and oversight.

The Committee provides \$185,000,000 for the Jobs for Veterans State Grants [JVSG] program. This funding will enable Disabled Veterans' Outreach Program specialists and Local Veterans' Employment Representatives to continue providing intensive employment services to veterans and eligible spouses; transitioning service members early in their separation from military service; wounded warriors recuperating in military treatment facilities or transition units; and spouses and family caregivers to help ensure the family has income to provide sufficient support. The Committee maintains language providing authority for JVSG funding to be used for data systems and contract support to allow for the tracking of participant and performance information. The Committee includes new language providing authority for JVSG funding to be used to support surviving spouses of service members.

The Committee provides \$34,379,000 for the Transition Assistance Program [TAP] to support apprenticeship opportunities and employment workshops at military installations, and in virtual classrooms, worldwide for exiting service members and spouses.

The Committee provides \$47,048,000 for Federal administration costs. This funding level will support oversight and administration of the VETS grant programs, TAP employment workshops, and compliance and enforcement activities.

The Committee provides \$65,500,000 for the Homeless Veterans' Reintegration Program [HVRP] to help homeless veterans attain the skills they need to gain meaningful employment. The bill allows Incarcerated Veterans' Transition funds to be awarded to serve veterans who have recently been released from incarceration but are at risk of homelessness.

The Committee provides \$3,414,000 for the National Veterans' Training Institute, which provides training to Federal staff and veteran service providers.

The Committee provides \$500,000 to support the HIRE Vets Medallion program.

#### EMPLOYEE BENEFITS SECURITY ADMINISTRATION

##### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$191,100,000
Committee recommendation .....	191,100,000

The Committee bill includes \$191,100,000 for the Employee Benefits Security Administration [EBSA]. EBSA is responsible for the enforcement of title I of the Employee Retirement Income Security Act [ERISA] in both civil and criminal areas and for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986 (Public Law 99–335). EBSA administers an integrated program of regulation, compliance assistance and education, civil and criminal enforcement, and research and analysis. Bill language continues to allow EBSA to obligate up to \$3,000,000 for 2 fiscal years for the expert witness program. The authority is needed for services on cases extending beyond fiscal year limitation.

The Committee requests that DOL's required operating plan and future CJs include long-standing budget activity detail provided in the fiscal year 2025 and prior CJs.

*Adequate Consideration Guidance.*—The Committee notes that the SECURE 2.0 Act of 2022 also directs the Department to issue formal guidance on the adequate consideration exemption, as defined in section 407(d)(6) of ERISA. The Committee urges the Department to prioritize a timely, formal notice and comment rule-making on the adequate consideration exemption that ensures taxpayers benefit from stakeholder input and experience, consistent with congressional intent.

*ERISA Requirements.*—The Committee notes that firms domiciled in or otherwise controlled by the People's Republic of China can be opaque in their auditing and accounting work and practices. The Committee encourages EBSA to consider whether these transparency risks have any implications for requirements on plan fiduciaries under ERISA.

*Implementation of Employee Ownership Initiative.*—The Committee directs \$2,000,000 within ETA for the grant program authorized section 346 of the SECURE 2.0 Act of 2022 to help establish and expand employee ownership programs. The Committee directs EBSA to provide subject matter assistance to ETA as it develops and administers this grant program.

*Mental Health Parity.*—The Committee supports additional efforts directed toward systemic and targeted audits of healthcare coverage provided through ERISA plans, to ensure parity between mental and physical healthcare coverage as required by current law.

#### PENSION BENEFIT GUARANTY CORPORATION

Appropriations, 2025 .....	\$512,900,000
Committee recommendation .....	494,264,000

The Pension Benefit Guaranty Corporation's [PBGC] estimated obligations for fiscal year 2026 include single-employer benefit payments of \$7,873,000,000, multi-employer financial assistance of \$187,000,000, Investment Management Fees Program of \$139,800,000, and consolidated administrative expenses of \$494,264,000, including no less than \$7,588,000 available for the Office of Inspector General. Administrative expenses are comprised of three activities: pension insurance activities, pension plan termination expenses, and operational support. These expenditures are financed by permanent authority. PBGC also anticipates obligations of \$1,523,356,000 for Special Financial Assistance and \$15,000,000 for related administrative expenses from the American Rescue Plan Act of 2021.

Previously, the Committee accepted the PBGC's proposal to reform the administrative apportionment classifications from three budget activities to one budget activity to make operations more efficient and improve stewardship of resources. That consolidated approach for the three activities is continued, but PBGC is directed to continue providing detail every year on the three activities in its annual CJ.

The PBGC is a wholly owned Government corporation established by ERISA. The law places it within DOL and makes the Secretary the chair of its board of directors. The Corporation receives its income primarily from insurance premiums collected from covered pension plans, assets of terminated pension plans, collection of employer liabilities imposed by the act, and investment earnings. The primary purpose of the PBGC is to guarantee the payment of pension plan benefits to participants if covered defined benefit plans fail or go out of existence.

The bill continues authority for a contingency fund for the PBGC that provides additional administrative resources when the number of new plan participants in terminated plans exceeds 100,000. When that threshold is reached, an additional \$9,200,000 becomes available through September 30, 2030, for every 20,000 additional participants in terminated plans. The bill also continues authority allowing the PBGC additional obligation authority for unforeseen and extraordinary pre-termination expenses, after approval by the Office of Management and Budget and notification to the Committees. Finally, the bill includes authority for PBGC to expend not more than an additional \$100 per affected person for credit or identity monitoring to individuals upon suffering a security incident or privacy breach in the event PBGC's costs exceed \$250,000. Those funds are available for obligation through September 30, 2030.

## WAGE AND HOUR DIVISION

### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$260,000,000
Committee recommendation .....	260,000,000

The Committee bill includes \$260,000,000 for the Wage and Hour Division [WHD].

WHD is responsible for administering and enforcing laws that provide minimum standards for wages and working conditions in the United States. The Fair Labor Standards Act [FLSA] (Public

Law 75–718), employment rights under the Family and Medical Leave Act (Public Law 103–3), and the Migrant and Seasonal Agricultural Worker Protection Act (Public Law 97–470) are several of the important laws that WHD is charged with administering and/or enforcing.

WHD administers and enforces laws covering more than 165 million workers in 11 million workplaces in the United States and its territories. The Committee supports WHD in its efforts to be more strategic in enforcement activities, which can lead to more significant results for workers at an industry-level and deter employers from violating the law, particularly in key areas of protecting the rights and wages of workers, ensuring prevailing wage protections, and combatting exploitative child labor.

*PAID Program.*—The Committee notes that the Department has restarted the Payroll Audit Independent Determination program. The Committee urges the Department to ensure that any worker provided a settlement under this program is fully informed of their rights.

#### OFFICE OF LABOR-MANAGEMENT STANDARDS

##### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$48,515,000
Committee recommendation .....	48,515,000

The Committee bill includes \$48,515,000 for the Office of Labor-Management Standards [OLMS].

OLMS administers the Labor-Management Reporting and Disclosure Act of 1959 [LMRDA] (Public Law 86–257) and related laws. These laws establish safeguards for union democracy and financial integrity. They also require public disclosure by unions, union officers, employers, labor relations consultants and others. In addition, the Office administers employee protections under federally sponsored transportation programs.

#### OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

##### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$110,976,000
Committee recommendation .....	105,976,000

The Committee bill includes \$105,976,000 for the Office of Federal Contract Compliance Programs [OFCCP].

This Office protects workers and potential employees of Federal contractors from employment discrimination prohibited under section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veterans' Readjustment Assistance Act of 1974. These prohibitions make it unlawful for contractors and subcontractors doing business with the Federal Government to discriminate in employment because of disability or status as a protected veteran.

*VAHBP Enforcement Moratorium.*—The Committee notes that OFCCP Directive 2021–01 Revision 2 indicates OFCCP's intent to exercise prosecutorial discretion with regard to the affirmative obligations of Veterans Affairs Health Benefits Program [VAHBP] providers until May 2027. The Committee encourages OFCCP to work with stakeholders and lawmakers to ensure appropriate implemen-

tation of OFCCP programs and robust access to care for veterans and their families.

*Worker Outcomes.*—The Committee notes a reduction in staffing at OFCCP. This could impact protections for workers and prospective employees of Federal contractors from discrimination. The Committee plans to examine required monthly staffing reports and performance outcomes achieved for Federal contractor employees.

#### OFFICE OF WORKERS' COMPENSATION PROGRAMS

##### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$122,705,000
Committee recommendation .....	122,705,000

The Committee bill includes \$122,705,000 for the Office of Workers' Compensation Programs [OWCP]. This includes \$2,205,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act. In addition, \$50,684,000 is available by transfer from the Black Lung Disability Trust Fund.

OWCP administers four distinct compensation programs: the Federal Employees' Compensation Act [FECA], the Longshore and Harbor Workers' Compensation Act (Public Law 69–803), the Black Lung Benefits programs, and the Energy Employees Occupational Illness Compensation Program Act (Public Law 106–398). In addition, OWCP houses the Division of Information Technology Management and Services.

##### SPECIAL BENEFITS

Appropriations, 2025 .....	\$726,670,000
Committee recommendation .....	1,298,385,000

The Committee bill includes \$1,298,385,000 for this account. This mandatory appropriation, which is administered by OWCP, primarily provides benefits under FECA.

The Committee continues to provide authority to require disclosure of Social Security numbers by individuals filing claims under FECA or the Longshore and Harbor Workers' Compensation Act (Public Law 69–803) and its extensions.

The Committee continues language that provides authority to use FECA funds to reimburse a new employer for a portion of the salary of a newly reemployed injured Federal worker. FECA funds will be used to reimburse new employers during the first 3 years of employment, not to exceed 75 percent of salary in the worker's first year, and declining thereafter.

The Committee continues language that allows carryover of unobligated balances to be used in the following year and provides authority to draw such sums as needed after August 15 to pay current beneficiaries. Such funds are charged to the subsequent year appropriation.

The Committee continues language to provide authority to deposit into the special benefits account of the employees' compensation fund those funds that the Postal Service, the Tennessee Valley Authority, and other entities are required to pay to cover their fair share of the costs of administering the claims filed by their employees under FECA.

Finally, the Committee maintains language consistent with long-standing interpretations and implementation of this appropriation stating that, along with the other compensation statutes already specifically enumerated, the appropriation is used to pay obligations that arise under the War Hazards Compensation Act (Public Law 77–784), and the appropriation is deposited in the Employees’ Compensation Fund and assumes its attributes, namely availability without time limit as provided by 5 U.S.C. section 8147.33.

#### SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2025 .....	\$31,367,000
Committee recommendation .....	30,585,000

The Committee bill includes a mandatory appropriation of \$24,585,000 in fiscal year 2026 for special benefits for disabled coal miners. This is in addition to the \$6,000,000 appropriated last year as an advance for the first quarter of fiscal year 2026, for a total program level of \$30,585,000 in fiscal year 2026.

These mandatory funds are used to provide monthly benefits to coal miners disabled by black lung disease, their widows, and certain other dependents, as well as to pay related administrative costs.

The Committee bill also includes an advance appropriation of \$5,900,000 for the first quarter of fiscal year 2027. These funds will ensure uninterrupted benefit payments as promised to coal miners, their widows, and dependents.

#### DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION

##### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$66,966,000
Committee recommendation .....	68,148,000

The Committee bill includes \$68,148,000 for the Division of Energy Employees Occupational Illness Compensation Program [EEOICP]. This is a mandatory appropriation for administrative expenses for administration of Part B of the Energy Employees Occupational Illness Compensation program.

The Division administers the Energy Employees Occupational Illness Compensation Program Act [EEOICPA] (Public Law 106–398), which provides benefits to eligible employees and former employees of the Department of Energy, its contractors and subcontractors, or to certain survivors of such individuals. The mission also includes delivering benefits to certain beneficiaries of the Radiation Exposure Compensation Act (Public Law 106–245). The Division is part of OWCP.

#### BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2025 .....	\$485,350,000
Committee recommendation .....	477,295,000

The bill provides an estimated \$477,295,000 as requested for this mandatory appropriations account. This estimate is comprised of \$90,499,000 for administrative expenses and an estimated \$386,796,000 for benefit payment and interest costs.

The bill continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. The Trust Fund pays all black lung compensation/medical and survivor benefit expenses when no responsible mine operation can be assigned liability or refuses to pay for such benefits, as well as all administrative costs that are incurred in administering the benefits program and operating the trust fund. As proposed in the President's budget, the bill provides for transfers from the trust fund for administrative expenses for the following Department agencies: up to \$50,684,000 for the part C costs of the Division of Coal Mine Workers' Compensation Programs; up to \$39,086,000 for Departmental Management, Salaries and Expenses; and up to \$373,000 for Departmental Management, Inspector General. The bill also allows a transfer of up to \$356,000 for the Department of the Treasury.

#### OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

##### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$632,309,000
Committee recommendation .....	632,309,000

The Committee bill includes \$632,309,000 for the Occupational Safety and Health Administration [OSHA], which is responsible for enforcing the Occupational Safety and Health Act of 1970 (Public Law 91-596) in the Nation's workplaces. New bill language is included to require OSHA to adhere to program allocations as identified in the table at the end of this report.

The Committee continues bill language to allow OSHA to retain course tuition and fees for training institute courses used for occupational safety and health training and education activities in the private sector. The cap established by the bill is \$499,000 per year, consistent with current law.

The Committee also continues bill language to exempt farms employing 10 or fewer people from the provisions of the Occupational Safety and Health [OSH] Act, with the exception of those farms having a temporary labor camp. The exemption of small farming operations from OSHA regulation has been in place since 1976. OSHA clarified the limits of its authority under the appropriations rider to conduct enforcement on small farms in July 2014, particularly regarding post-harvest activities of a farming operation. It is also important the Department of Agriculture and National Institute for Occupational Safety and Health are consulted in any future attempt by OSHA to redefine or modify any aspect of the small farm exemption. The Committee also continues language exempting employers with fewer than 10 employees in industry classifications having a lost workday injury rate less than the National average from general schedule safety inspections, except for the small farms covered by the broader exemption.

*Compliance Assistance.*—The Committee bill includes language requiring OSHA to dedicate not less than \$3,500,000 for administering the Voluntary Protection Program [VPP] in its Federal Compliance Assistance budget. OSHA shall not reduce funding levels or the number of employees administering the VPP, the Safety and Health Achievement Recognition Program, or Federal Compli-

ance Assistance, and shall not collect any monies from participants for the purpose of administering these programs.

*Opioid Use in the Workplace.*—The Committee is concerned over the prevalence of opioid use in the workplace. According to the National Safety Council, while 75 percent of employers reported seeing opioid use impact their workplace, only 17 percent reported being well-prepared to address it. The Committee encourages the Secretary to issue guidance to employers on acquiring and maintaining opioid overdose reversal medication and training employees on an annual basis on the usage of such medication, and requests a briefing within 90 days of enactment of this act on progress towards issuing these guidelines.

*Smoke-Related Health Issues for Workers.*—The Committee directs the Department to work with the National Institute for Occupational Safety and Health [NIOSH] and other relevant agencies to gather evidence on best practices and make recommendations that protect workers from the consequences of long-term exposure to adverse air. Further, the Committee requests that the Department provide a briefing to the Committees on Appropriations on their joint efforts with NIOSH supporting vulnerable workers, particularly those exposed to adverse air.

*State Plan States.*—The Committee bill includes \$120,000,000 for grants to States under section 23(g) of the Occupational Safety and Health Act (Public Law 91–596). These funds primarily are provided to States that have taken responsibility for administering their own occupational safety and health programs for the private sector and/or the public sector. State plans must be at least as effective as the Federal program and are monitored by OSHA. The bill continues language that allows OSHA to provide grants of up to 50 percent for the costs of State plans approved by the agency.

*Workplace Violence in Healthcare and Social Services.*—The Healthcare and Social Assistance industry sector includes nearly 21 million employees and these workers face an increased risk of workplace violence that is nearly six times that of workers in all other industries. This violence dramatically impacts nurse well-being and burnout. It exacerbates the nurse staffing crisis and affects the quality of patient care. The Committee urges OSHA to explore steps the agency can take to ensure that healthcare and social services workers are protected from violence in the workplace and requests a briefing within 180 days of enactment of this act on such steps.

The Committee bill also includes \$12,787,000 for the OSHA Susan Harwood Training Grant program. The program provides disadvantaged, underserved, low-income, or other hard-to-reach, at-risk workers with identifying and avoiding workplace hazards, training to protect them from on-the-job hazards, and to inform workers of their rights and employers of their responsibilities under the OSH Act.

## MINE SAFETY AND HEALTH ADMINISTRATION

### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$387,816,000
Committee recommendation .....	387,816,000



The Committee bill includes \$387,816,000 for the Mine Safety and Health Administration [MSHA]. New bill language is included to require MSHA to adhere to program allocations as identified in the table at the end of this report.

MSHA enforces the Federal Mine Safety and Health Act (Public Law 91–173) by conducting inspections and special investigations of mine operations, promulgating mandatory safety and health standards, cooperating with the States in developing effective State programs, and improving training in conjunction with States and the mining industry.

The Committee continues language authorizing MSHA to use up to \$2,000,000 for mine rescue and recovery activities. It also retains the provision allowing the Secretary to use any funds available to the Department to provide for the costs of mine rescue and survival operations in the event of a major disaster. To prepare properly for an emergency, the Committee also directs MSHA to continue to devote sufficient resources toward a competitive grant activity for effective emergency response and recovery training in various types of mine conditions.

In addition, bill language continues to allow the National Mine Health and Safety Academy to collect not more than \$750,000 for room, board, tuition, and the sale of training materials to be available for mine safety and health education and training activities. Bill language also allows MSHA to retain up to \$2,499,000 from fees collected for the approval and certification of equipment, materials, and explosives for use in mines, and to utilize such sums for these activities.

The Committee continues to emphasize the importance of mine safety enforcement, and instructs MSHA to fully implement the requirements of section 103 of the Federal Mine Safety and Health Act of 1977 (Public Law 91–173). MSHA shall make inspections of each underground coal or other mine in its entirety at least four times a year and each surface coal or other mine in its entirety at least two times a year. Further, MSHA shall fully and effectively enforce the Final Rule Reducing Miners' Exposure to Coal Dust and should not use any funds to weaken or eliminate the Final Rule Lowering Miners' Exposure to Respirable Coal Mine Dust.

#### BUREAU OF LABOR STATISTICS

##### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$703,952,000
Committee recommendation .....	703,952,000

The Committee bill includes \$703,952,000 for the Bureau of Labor Statistics [BLS]. This amount includes \$68,000,000 from the Employment Security Administration account of the Unemployment Trust Fund and \$635,952,000 in Federal funds.

BLS is the principal fact-finding agency in the Federal Government in the broad field of labor economics. The Committee recognizes that the Nation requires current, accurate, detailed workforce statistics for Federal and non-Federal data users as provided by BLS.

*Current Population Survey.*—The Committee remains concerned by declining response rates facing all survey programs and other

challenges which necessitate actions by BLS and the Census Bureau to modernize the operations of the Current Population Survey [CPS] and maintain this resource. The Committee believes steps must be taken to modernize the CPS. The Committee understands work on an Internet self-response mode and other improvements are underway. The Committee requests a CPS modernization plan, including an implementation timeline and resource needs, not later than 30 days after enactment of this act and follow-up briefing not later than 30 days after submission of the plan. Such plan and briefing shall include input from and participation of the Census Bureau.

*GAO Briefing and Report.*—The Committee directs the GAO to study and provide a briefing with preliminary observations to the Committees no later than 180 days after enactment of this act, with a report to follow on a date mutually agreed upon with the Committee at the time of the preliminary briefing, on the impact of the elimination of the Technical Advisory Committee and the Data Users Advisory Committee on the quality and reliability of BLS data collection and steps BLS is taking to improve the quality and reliability of BLS data collection.

*National Longitudinal Survey of Youth.*—The Committee continues to recognize the importance of the National Longitudinal Survey of Youth [NLSY], which provides valuable information about labor market trends across different generations and spans multiple decades.

The Committee directs BLS to maintain sufficient funding levels for the continued fielding of the NLSY79 and NLSY97 cohorts and to continue the current design, methodology, and data quality. In addition, the Committee directs BLS to continue development of the new NLSY27 cohort established by the Further Consolidated Appropriations Act, 2020, and maintained since. Further, the Committee directs BLS to issue a public report and brief the Committees on its plans for executing these directives, providing a status update on the fielding and future of the NLSY79 and NLSY97 cohorts and carrying out its implementation of the NLSY27 cohort plans.

#### OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2025 .....	\$43,000,000
Committee recommendation .....	43,000,000

The Committee bill includes \$43,000,000 for the Office of Disability Employment Policy [ODEP] to provide leadership, develop policy and initiatives, support technical assistance and implementation, and award grants, cooperative agreements, and contracts furthering the objective of eliminating physical and programmatic barriers to the training, labor force participation and employment of people with disabilities and to design and implement research and technical assistance grants and contracts that support the transition to competitive, integrated employment for youth and adults with disabilities. The bill also includes language continuing to allow not less than \$9,000,000 to be used for research and demonstration projects related to testing effective ways to promote greater labor force participation of people with disabilities. These

funds may be transferred to the “State Unemployment Insurance and Employment Service Operations” account for such purpose. The Committee requests notification at least 14 days prior to any such transfer.

## DEPARTMENTAL MANAGEMENT

### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$388,197,000
Committee recommendation .....	363,843,000

The Committee bill includes \$363,843,000 for the Departmental Management, Salaries and Expenses account. Of this amount, \$363,535,000 is available from general funds and \$308,000 is available by transfer from the Employment Security Administration account of the Unemployment Trust Fund. In addition, \$39,086,000 is available by transfer from the Black Lung Disability Trust Fund.

The Departmental Management, Salaries and Expenses appropriation pays the salaries and related expenses of staff responsible for formulating and overseeing the implementation of departmental policy and management activities in support of that goal. In addition, this appropriation includes a variety of operating programs and activities that are not involved in departmental management functions, but for which other appropriations for salaries and expenses are not suitable.

*Bureau of International Labor Affairs [ILAB].*—The Committee bill includes \$111,125,000, of which \$76,725,000 is available for obligation through December 31, 2026, for ILAB to carry out its statutory responsibilities. These funds are in addition to the supplemental appropriations for ILAB in Public Law 116–113, the United States-Mexico-Canada Agreement Implementation Act, for its responsibilities under that law.

ILAB’s appropriation is available to help improve working conditions and labor standards for workers around the world by carrying out ILAB’s statutory mandates and international responsibilities, including in promoting the elimination of the worst forms of child labor and forced labor. ILAB works to ensure workers and businesses in the United States are not put at a competitive disadvantage by trading partner countries not adhering to their labor commitments under trade agreements and trade preference programs.

The bill continues language setting aside funding for grants, contracts and other arrangements for technical assistance on worker rights and for combatting child labor, with no less than \$30,175,000 available for worker rights programs and no less than \$30,175,000 for combatting exploitative child labor internationally. This flexibility will allow ILAB to target additional resources where conditions on the ground and other factors create the greatest opportunities to make significant progress on these issues and maintain a robust level of support for both critically important activities. The Committee directs ILAB to use available funds for monitoring, oversight, and technical assistance in support of the United States-Mexico-Canada Agreement Implementation Act. The Committee directs the Department to include information on how all available funds are being used for the purposes of such act, includ-

ing Mexico's implementation of nationwide labor reforms and compliance with labor obligations, in the fiscal year 2027 CJ.

The Committee continues to support the critical role ILAB plays in working to eradicate child labor, forced labor, and human trafficking, including through its research and reporting in its Findings on the Worst Forms of Child Labor, List of Goods Produced by Child Labor or Forced Labor, and List of Products Produced by Forced or Indentured Child Labor. The appropriation will support continued publication of these important reports, including the tracking of goods through supply chains and identifying inputs made with child and forced labor.

*Communications With the Committee.*—The Committee relies on its relationship with the Office of Congressional and Intergovernmental Affairs [OCIA] and the Departmental Budget Center [DBC] to make decisions about how to best allocate budget resources and provide oversight over how taxpayer dollars are spent. OCIA has a responsibility to ensure that the Committees receive accurate and timely information including by ensuring that program offices provide program-specific information in a timely manner upon request. The Committee directs OCIA to improve the quality and timeliness of the information it provides, including by reforming and streamlining internal clearance processes, and allowing DBC to communicate directly with the Committee as they have done historically.

*Evaluation, and Evidence-Building and Use.*—The Committee bill includes \$4,281,000 for program evaluation and allows these funds to be available for obligation through September 30, 2027. The Committee bill also continues the authority of the Secretary to transfer these funds to any other account in the Department for evaluation purposes. The Committee bill continues authority to use up to 0.75 percent of certain Department appropriations for evaluation activities identified by the chief evaluation officer. The Department shall notify the Committee of the planned uses of funds derived from this authority.

*Foundation for Evidence-Based Policymaking Act.*—The Committee continues to believe that the execution of the Foundations for Evidence-Based Policymaking Act will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and provide more and higher quality evidence to policymakers. Therefore, the Committee directs the Department to continue to include in the fiscal year 2027 and future CJs updates on the implementation and planned implementation of such act for the current and future budget years. These updates shall describe important changes being made by agencies using research findings, evaluation and evidence to improve their operations.

*Paid Family Leave.*—The Committee is particularly supportive of the Women's Bureau's work and dedication to supporting paid leave programs as part of their mission to support women's workforce participation. In order to study best practices in paid leave programs, the Women's Bureau is encouraged to request data from State paid leave programs in order to publish a report about usage rates and distribution of paid leave at the State level as well as steps State paid leave programs are taking to support the full range of businesses and entrepreneurs.

*Payment Management System [PMS].*—The Committee directs the Department to immediately notify the Committees of any PMS outages or technical problems exceeding 48 hours, and any payment delays or disruptions in the PMS distribution of funds exceeding 14 days for individual payees, including any delays resulting from Executive Order 14158 or Executive Order 14222.

*Staffing Report.*—Not later than 30 days after enactment, the Department is directed to provide the Committee an operating plan identifying the total FTE and non-personnel allocations supported by each appropriation provided by this act and FTE and non-personnel allocations for each office supported by each of these appropriations provided in this act. In addition, the Department shall provide on a monthly basis the number of on-board staff, attrition, approved hires not yet on-boarded and projected full-year FTE usage, including approved hires, and actual non-personnel expenses, for each office supported by, and in total for each appropriation provided by this act. The monthly reports should be detailed by competitive (including career SES) and excepted (including noncareer and limited term SES) service staff. The Department shall also provide the Committee on a biannual basis an excel file which includes the names, titles, grades, program office, and date of hire of all of the employees in a position in the excepted service employed by the Department during the previous 180 days.

*Women's Bureau.*—The Committee bill includes \$23,000,000 for the Women's Bureau. The Committee continues bill language allowing the Bureau to award grants, including not less than \$5,000,000 for grants authorized by the Women in Apprenticeship and Nontraditional Occupations Act.

#### INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2025 .....	\$29,269,000
Committee recommendation .....	6,889,000

The Committee bill includes \$6,889,000 for the Information Technology [IT] Modernization account for support systems and modernization.

The Committee continues to request that the Department submit a report to the Committees not later than 90 days after enactment of this act that provides an update on projects to be funded, planned activities and associated timelines, expected benefits, and planned expenditures. The report should also include completed activities, remaining activities and associated timelines, actual and remaining expenditures, explanation of any cost overruns and delays, and corrective actions, as necessary, to keep the project on track and within budget.

#### OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2025 .....	\$97,028,000
Committee recommendation .....	97,028,000

The Committee bill includes \$97,028,000 for the DOL Office of the Inspector General. The bill includes \$91,187,000 in general funds and authority to transfer \$5,841,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of \$373,000 is available by transfer from

the Black Lung Disability Trust Fund. The bill continues to allow up to \$2,000,000 of the appropriation to be available until expended.

Through a comprehensive program of audits, investigations, inspections, and program evaluations, the Inspector General attempts to reduce the incidence of fraud, waste, abuse, and mismanagement, and to promote economy, efficiency, and effectiveness.

#### GENERAL PROVISIONS

Section 101. The bill continues a provision limiting the use of Job Corps funding for compensation of an individual that is not a Federal employee at a rate not to exceed Executive Level II.

Section 102. The bill continues a provision providing for general transfer authority.

Section 103. The bill continues a provision prohibiting funding for the procurement of goods and services utilizing forced or indentured child labor in industries and host countries already identified by the Department in accordance with Executive Order 13126.

Section 104. The bill continues a provision requiring that funds available under section 414(c) of the American Competitiveness and Workforce Improvement Act (Public Law 106-313) may only be used for competitive grants that train individuals over the age of 16 who are not enrolled in school, in occupations and industries for which employers are using H-1B visas to hire foreign workers.

Section 105. The bill continues a provision limiting the use of the Employment and Training Administration [ETA] funds by a recipient or subrecipient for compensation of an individual at a rate not to exceed Executive Level II.

Section 106. The bill continues a provision regarding transfer authority related to funds for technical assistance and program integrity.

Section 107. The bill continues a provision allowing up to 0.75 percent of discretionary appropriations provided in this act for all Department agencies to be used by the Office of the Chief Evaluation Officer for evaluation purposes consistent with the terms and conditions in this act applicable to such office.

Section 108. The bill continues a longstanding provision regarding the application of the Fair Labor Standards Act (Public Law 74-718) after the occurrence of a major disaster.

Section 109. The bill continues a longstanding provision that provides flexibility with respect to the crossing of H-2B non-immigrants.

Section 110. The bill continues a provision related to the wage methodology under the H-2B program.

Section 111. The bill continues a provision regarding the three-fourths guarantee and definitions of corresponding employment and temporary need for purposes of the H-2B program.

Section 112. The bill continues a provision providing authority related to the disposition of excess property related to the training of apprentices.

Section 113. The bill includes a new provision permanently authorizing a security detail at the Department of Labor. The Department is directed to report for each fiscal year starting in fiscal year

2025 and continuing through fiscal year 2030 on the protection provided, and the expenditures made, in the preceding fiscal year pursuant to this section. Such report shall be provided to the Committees on Appropriations of the Senate and the House of Representatives and the Committee on Health, Education, Labor and Pensions of the Senate and the Committee on Education and the Workforce of the House not later than 30 days after the close of each fiscal year.

Section 114. The bill continues a provision related to Job Corps property.

Section 115. The bill modifies a provision related to Job Corps Centers.

Section 116. The bill modifies a provision rescinding funds from the H-1B program.

Section 117. The bill modifies a provision rescinding certain funds available to the Employment and Training Administration.

## TITLE II

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

Any references in this title of the report to the “Secretary” or the “Department” shall be interpreted to mean the Secretary of HHS or the Department of HHS, respectively, unless otherwise noted.

#### HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration [HRSA] activities support programs to provide healthcare services to disadvantaged, medically underserved, and special populations; mothers and infants; the elderly and homeless; and rural communities. HRSA supports cooperative programs in maternal and child health, AIDS care, healthcare provider training, and healthcare delivery systems and facilities.

#### PRIMARY HEALTH CARE

Appropriations, 2025 .....	\$1,858,772,000
Committee recommendation .....	1,858,772,000

#### *Community Health Centers*

The Committee provides \$1,858,772,000 for the Bureau of Primary Health Care. Within the funds provided, the Committee includes funding for the following activities in the following amounts:

Budget activity	Committee recommendation
Addressing Intimate Partner Violence and Project Catalyst .....	\$2,000,000
Alcee L. Hastings Program for Advanced Cancer Screening .....	10,000,000
Early Childhood Development .....	30,000,000
Ending the HIV Epidemic .....	157,250,000
Native Hawaiian Health Care .....	27,000,000
<i>Papa Ola Lokahi</i> .....	<i>10,000,000</i>
School Based Health Centers .....	55,000,000
Technical Assistance .....	2,500,000

Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, school-based, and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers. Health centers play a vital role in ensuring access to primary care in underserved areas of the country, including urban, rural, and frontier areas.

In addition, within the amount provided, the Committee provides up to \$120,000,000 under the Federal Tort Claims Act [FTCA] (Public Law 102–501 and Public Law 104–73), available until expended. These funds are used to pay judgments and settlements,



occasional witness fees and expenses, and related administrative costs. The Committee intends FTCA coverage funded through this bill to be inclusive of all providers, activities, and services included within the health centers' federally approved scope of project.

*Addressing Intimate Partner Violence and Project Catalyst.*—The Committee includes no less than \$2,000,000 for the HRSA Strategy to Address Intimate Partner Violence.

*Base Grant Adjustments.*—The Committee recognizes that health center costs have increased significantly and that it has been nearly a decade since the last base grant adjustment. The Committee encourages HRSA to consider the needs of existing health centers in relation to their current base grants when allocating health center funding.

*Brain Health Access Initiative.*—The Committee supports HRSA's efforts to integrate screenings for Alzheimer's Disease and Related Dementias [ADRD] into the Health Center Program, as well as the agency's technical assistance activities that help support health centers' ability to meet the healthcare needs of older Americans. The Committee encourages HRSA to continue utilizing the ADRD screening measure reporting requirement to promote increased access to cognitive assessments across the Health Center Program.

*Children's Mental Health Services.*—The Committee continues to urge HRSA to provide funding to health centers to support vital mental health services for children.

*Early Childhood Development.*—The Committee continues no less than \$30,000,000 to further integrate early childhood development services and expertise, including by hiring or contracting for early childhood development specialists.

*Ending the HIV Epidemic.*—The Committee provides \$157,250,000 within the Health Centers Program for the Ending the HIV Epidemic initiative. The initiative provides funding to health centers in high-need jurisdictions to increase prevention and treatment services for people at high risk for HIV transmission, including pre-exposure prophylaxis [PrEP] related services, outreach, and care coordination through new grant awards in areas currently served by health centers.

*Federally Qualified Health Center [FQHC] Look-Alike Participation.*—The Committee notes that certain health centers throughout the country are ineligible to apply for supplemental funding awards because of their status as a FQHC Look-Alike [LAL]. The Committee requests a briefing from HRSA within 180 days of enactment of this act on the impacts of allowing FQHC LALs to apply for supplemental funding opportunities under section 330 of the Public Health Service [PHS] Act and ways in which the FQHC LAL program could be better utilized as a pipeline into the section 330 Health Center Program.

*Free Clinics Medical Malpractice Coverage.*—The Committee provides \$1,000,000 for payments of claims under the FTCA to be made available for free clinic health professionals as authorized by section 224(o) of the PHS Act (Public Law 104–73). This appropriation extends FTCA coverage to medical volunteers in free clinics to expand access to healthcare services for low-income individuals in medically underserved areas.

*Health Center Controlled Networks [HCCNs].*—The Committee recognizes the value of HCCNs, which support nationwide virtual infrastructure that enables real-time performance tracking, interoperability, and digital connectivity to advance healthcare modernization. The Committee encourages HRSA to prioritize continued investment in HCCNs as a driver of cost-effective, technology-forward, community-based care.

*Metabolic Dysfunction-Associated Steatohepatitis [MASH].*—MASH is a form of metabolic dysfunction-associated steatotic liver disease linked to metabolic syndrome, a group of conditions including high blood pressure, high cholesterol levels, obesity, and type 2 diabetes. The Committee urges HRSA to increase screening efforts for MASH in community health centers [CHCs] to support early identification and earlier treatment, which reduces the risk of end-stage liver disease.

*Native Hawaiian Health Care.*—The Committee affirms the Federal trust responsibility to Native Hawaiians, and further that the provision of healthcare and the betterment of health conditions of Native Hawaiians as directed in 42 U.S.C. 11705 is key to advancing the Federal trust responsibility of the United States. The Committee includes no less than \$27,000,000 for the Native Hawaiian Health Care Program. Of the total amount appropriated for the Native Hawaiian Health Care Program, not less than \$10,000,000 shall be provided to Papa Ola Lokahi for administrative purposes authorized under 42 U.S.C. 11706, including to coordinate and support healthcare service provision to Native Hawaiians and strengthen the capacity of the Native Hawaiian Health Care System to provide comprehensive health education and promotion, disease prevention services, traditional healing practices, and primary health services to Native Hawaiians.

*School-Based Health Centers [SBHCs].*—The Committee includes \$55,000,000 for awards to health centers operating school-based service sites under section 330 of the PHS Act to increase their capacity to meet the increasing demand for health services, including mental health services.

*Technical Assistance.*—The Committee believes funding for the training and technical assistance available for health centers through national and State cooperative agreements and grants is critical to the successful operation and expansion of the Health Centers Program. Funds are available within the amount provided to enhance technical assistance and training activities and further quality improvement initiatives that improve health outcomes.

*Timely Notice of Awards.*—The Committee includes new bill language directing BPC to award funding for continuation awards that continue previous activities under existing awards no later than the day following the expiration of the period of performance. For health centers subject to specific award conditions due to a corrective action plan, BPC may extend the current award in lieu of providing a new award for the purposes of finalizing negotiations with the grantee.

*Type 1 Screenings.*—The Committee supports efforts to increase type 1 diabetes screenings at community health centers [CHCs], particularly among high-risk populations, especially given the advances in treatments that now can delay onset of the disease for

several years if caught early enough. HRSA is directed to provide a report to the Committee within 180 days of enactment of this act and to post on a publicly available website on the efforts being made to increase screening for type 1 diabetes at CHCs. The report should include the feasibility and cost estimate of expanding screening, as well as a plan and timeline on how to roll out such efforts. Additionally, approximately 40 percent of people do not know they have type 1 diabetes until they experience diabetic ketoacidosis [DKA], which is a life-threatening event requiring hospitalization. The Committee supports the inclusion of screening for DKA in CHCs' type 1 diabetes screening protocols and educating high-risk patients about DKA.

*Vaccination and Screening for Hepatitis B.*—The Committee continues to encourage HRSA to support health center grantees' adoption of the necessary practices and policies to comply with the November 2021 Advisory Committee on Immunization Practices [ACIP] recommendation that all adults between ages 19 and 59 be vaccinated and the March 2023 ACIP recommendation that all adults between ages 19 and 59 be screened for hepatitis B. To implement these policies, the Committee further encourages HRSA to ensure that health centers screen patients aged 19–59 for hepatitis B, offer to immunize all non-infected patients in the 19–59 age cohort, and navigate infected individuals into care. The Committee requests an update from HRSA before the end of fiscal year 2026 on its progress to meet this goal, including the number of individuals screened and number of individuals vaccinated for hepatitis B at HRSA-funded health centers.

*Women's Preventive Services Initiative.*—The Committee notes that the Women's Preventive Services Initiative [WPSI] developed evidence-based guidelines for community health centers to provide preventive services and screenings to improve women's health throughout their lifespan. The Committee supports continued access to preventive screenings at community health centers, including for patients in rural areas. Within 180 days of enactment of this act, the Committee directs HRSA to provide a briefing on the extent to which FQHCs have adopted WPSI guidelines and what barriers exist to clinics providing services, including in rural areas.

#### HEALTH WORKFORCE

Appropriations, 2025 .....	\$1,404,376,000
Committee recommendation .....	1,383,376,000

The Bureau of Health Workforce provides policy leadership and grant support for health professions workforce development. The mission of the Bureau is to identify shortage areas while working to make them obsolete. Programs are intended to ensure that the Nation has the right clinicians, with the right skills, working where they are needed.

The Committee also encourages HRSA to conduct outreach, provide technical assistance, and give priority in awarding cooperative agreements and grants to entities in high poverty areas and historically marginalized communities. The Committee encourages HRSA to work with these communities to develop their mental health workforce and requests an update in the fiscal year 2027 CJ

on best practices and strategies to attract mental healthcare practitioners to these disproportionately impacted communities.

*National Health Service Corps*

The Committee provides \$128,600,000 for the National Health Service Corps [Corps]. The Committee recognizes the success of the Corps program in building healthy communities in areas with limited access to care. The program has shown increases in retention of healthcare professionals located in underserved areas.

Within this total, the Committee continues support for access to quality opioid and substance use disorder [SUD] treatment in rural and underserved areas nationwide. The Committee continues language that expands eligibility for loan repayment awards through the Corps to include SUD counselors. The Committee also continues bill language to modify the rules governing the Corps to allow 60 days for every Corps member to cancel their contract. Further, the Committee encourages HRSA to explore opportunities to provide incentives for individuals working in their home State or the State in which they received their education.

*Correctional Facilities.*—While Federal and State correctional facilities are eligible for Corps scholarships and loan repayment, a 1989 Federal regulation narrowed eligibility for Corps scholarships to exclude county jails. The Committee notes that county jails in large metropolitan areas are often the biggest correctional facilities in an area and encourages HRSA to work with Congress and relevant stakeholders to develop a process to provide county and municipal correctional facilities the opportunity to participate in the Corps program if they would otherwise meet the requirements of a National Health Service Corps service site. Within 180 days of enactment of this act, the Committee requests a briefing detailing implications and considerations for participation by county jails.

*Maternity Care Target Areas [MCTAs].*—The Committee recognizes HRSA's progress in determining MCTAs in order to begin making loan repayment awards to maternal health practitioners, such as OB/GYNs and Certified Nurse Midwives, who agree to serve in MCTAs. Within the total for the Corps, the Committee includes not less than \$8,000,000 to support loan repayment and scholarships for maternity care health services in health professional shortage areas. The Committee requests that HRSA provide a briefing on this effort within 120 days of enactment of this act.

*Rural Health.*—The Committee recognizes the importance of the Corps Scholarship Program, especially in combatting the rural healthcare provider shortage, and encourages HRSA to increase the number of scholarships provided. Providing Corps scholarships, particularly to students from rural communities, will increase access to medical school and help to solve the rural provider workforce shortages throughout the United States.

*Workforce Shortages.*—The Committee appreciates HRSA's efforts to tackle healthcare workforce shortages across the country, particularly in rural areas. The Committee supports the expansion of the physician, nursing, and pharmacy workforce to meet the growing health needs of our population. The Committee encourages HRSA to consider ways to expand these efforts and directs HRSA to include in the fiscal year 2027 CJ information on steps the agen-

cy is taking to address health professions shortages, including efforts to ensure the State Loan Repayment Program is supporting all healthcare professions. The update should include: (1) information, by State, on what professions are benefiting from the State Loan Repayment Program and how many individuals in each profession have received funding; and (2) the number of applicants, broken down by profession and State. In addition, the update should provide information on how HRSA can expand efforts to include health professionals who do not typically benefit from HRSA workforce programs, such as pharmacists, in its educational, training, and loan repayment programs.

#### *Training for Diversity*

The Committee supports programs that improve the diversity of the healthcare workforce. HRSA's diversity pipeline programs help advance patient care and ensure opportunity for all healthcare providers.

#### *Centers of Excellence*

The Committee provides \$25,422,000 for the Centers of Excellence [COE] program. This program provides grants to health professions schools and other institutions to serve as resource and education centers for the recruitment, training, and retention of underrepresented minority students and faculty. The Committee notes that COEs educate a disproportionate share of health professionals from minority and underserved backgrounds and address the need for a diverse and culturally competent healthcare workforce.

#### *Health Careers Opportunity Program*

The Committee includes \$15,000,000 for the Health Careers Opportunity Program [HCOP]. The Committee notes that HCOPs assist students from minority and economically disadvantaged backgrounds with navigating careers into the health professions.

#### *Faculty Loan Repayment*

The Committee provides \$2,310,000 for the Faculty Loan Repayment Program. This program provides loan repayment to health profession graduates from disadvantaged backgrounds who serve as faculty at eligible health professions academic institutions.

#### *Scholarships for Disadvantaged Students*

The Committee provides \$55,014,000 for Scholarships for Disadvantaged Students. This program provides grants to eligible health professions and nursing schools to award scholarships to students from disadvantaged backgrounds who have financial need. The Committee recognizes the success of the program and encourages HRSA to prioritize institutions with a proven record of training diverse practitioners and placing practitioners in low-income communities.

*Midwifery Training.*—The Committee continues \$5,000,000 to support grants to educate midwives to address the National shortage of maternity care providers. The Committee encourages HRSA to award robust funding to increase and diversify the number of

Certified Nurse Midwives, particularly in rural and underserved communities.

*Primary Care Training and Enhancement*

The Committee provides \$49,924,000 for the Primary Care Training and Enhancement [PCTE] program to support the expansion of training in internal medicine, family medicine, and pediatrics. Funds may be used to develop training programs or provide direct financial assistance to students and residents.

*Administrative Academic Units.*—The Committee supports the inclusion of administrative academic units within medical schools and requests a briefing within 60 days of enactment of this act on HRSA’s work to support administrative academic units within medical schools, including barriers to additional funding opportunities for such units.

*Community-Based Clinical Rotations for Medical Students.*—The Committee recognizes that patient care is frequently provided in a range of community-based settings and that providing outpatient training opportunities in underserved areas encourages long-term, sustainable physician practice in high-need areas. The Committee encourages HRSA to evaluate and facilitate opportunities for medical schools to partner with FQHCs, Rural Health Clinics or other healthcare facilities located in medically underserved communities to increase medical school clinical rotations in rural and underserved areas.

*Eating Disorders Screening and Referrals.*—Within the total for PCTE, the Committee continues to support no less than \$1,000,000 in coordination with SAMHSA’s Center of Excellence for Eating Disorders, to provide trainings for primary care health professionals to screen, intervene, and refer patients to treatment for the severe mental illness of eating disorders, as authorized under section 13006 of the 21st Century Cures Act (Public Law 114–255).

*Training in Oral Health Care*

The Committee provides \$42,673,000 for Training in Oral Health Care Programs, which includes not less than \$13,000,000 for General Dentistry Programs and not less than \$13,000,000 for Pediatric Dentistry Programs and not less than \$15,000,000 for State Oral Health Workforce grants. This funding supports a competitive program in fiscal year 2026 for multi-year awards. The Committee directs HRSA to provide continuation funding for section 748 post-doctoral training grants, predoctoral dental grants, and dental faculty loan repayment program [DFLRP] grants. The Committee directs HRSA to initiate a new DFLRP grant cycle in fiscal year 2026 with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites.

*Medical Student Education*

The Committee provides \$45,000,000 to support colleges of medicine at public universities located in the top half of States projected to have a primary care provider shortage.

*Interdisciplinary, Community-Based Linkages*

*Area Health Education Centers*

The Committee provides \$47,000,000 for Area Health Education Centers [AHECs]. The program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: core grants to plan and implement programs; special initiative funding for schools that have previously received AHEC grants; and model programs to extend AHEC programs with 50 percent Federal funding.

*Health Care Simulation Labs.*—The Committee provides no less than \$3,000,000 to continue competitive grants for AHEC recipients to expand experiential learning opportunities through simulation labs designed to educate and train healthcare professionals serving rural, medically underserved communities. HRSA shall include as an allowable use the purchase of simulation training equipment.

*Behavioral Health Workforce Education and Training Program*

The Committee provides \$113,000,000 for the Behavioral Health Workforce Education and Training [BHWET] program. This program establishes and expands internships or field placement programs in behavioral health serving populations in rural and medically underserved areas. The Committee expresses ongoing, strong support for the Substance Use Disorder Treatment and Recovery [STAR] Loan Repayment program that was previously funded under BHWET but is now funded as a standalone program.

*Addiction Medicine Fellowship [AMF] Program.*—Within the total for BHWET, the Committee includes \$25,000,000 for AMF to foster robust community-based clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings who see patients at various access points of care and provide addiction prevention, treatment, and recovery services across healthcare sectors.

*Community-Based Settings.*—The Committee encourages HRSA to work with grantees to use BHWET funds to support individuals providing care in community-based settings while completing clinical training requirements for licensure. This flexibility would allow for improved access to behavioral health services in rural and underserved communities across America.

*Peer Support Specialists.*—Within BHWET, the Committee includes \$14,000,000 to fund training, internships, and certification for mental health and substance use peer support specialists to create an advanced peer workforce prepared to work in clinical settings.

*Provider Distribution.*—The Committee recognizes that some communities may disproportionately experience a high prevalence of substance use disorders, high suicide rates, and high poverty rates, combined with severe mental health provider shortages. The Committee encourages HRSA to assess the distribution of behavioral health students and providers who have participated in behavioral health workforce development programs and examine best

practices to support healthcare and mental health providers serving in such communities.

#### *Geriatric Programs*

The Committee provides \$48,245,000 for the Geriatric Programs, including the Geriatric Workforce Enhancement Program and the Geriatrics Academic Career Awards [GACA] Program. These programs support training to integrate geriatrics into primary care delivery and develop academic primary care community-based partnerships to address gaps in healthcare for older adults.

#### *Mental and Behavioral Health Programs*

The Committee includes \$44,053,000 for Mental and Behavioral Health programs.

*Graduate Psychology Education [GPE].*—Within the total for Mental and Behavioral Health programs, the Committee includes \$25,000,000 for the inter-professional GPE program to increase the number of health service psychologists trained to provide integrated services to high-need, high-demand populations in rural and urban communities. The Committee recognizes the growing need for highly trained mental and behavioral health professionals to deliver evidence-based behavioral interventions for pain management in addressing the opioid epidemic. The Committee also notes continued mental health needs among youth and adolescents and urges HRSA to strengthen investments in the training of health service psychologists to help meet these demands.

#### *Substance Use Disorder Treatment and Recovery [STAR] Loan Repayment Program*

The Committee provides \$40,000,000. This program addresses shortages in the SUD workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the National average. The Committee also encourages HRSA to actively recruit SUD counselors to take advantage of its STAR Loan Repayment Program, so that underserved communities may benefit from the presence of these professionals.

#### *Health Professions Workforce Information and Analysis*

The Committee provides \$5,663,000 for health professions workforce information and analysis. This program provides for the collection and analysis of targeted information on the Nation's healthcare workforce, research on high-priority workforce questions, the development of analytic and research infrastructure, and program evaluation and assessment.

*Real-Time Data to Improve U.S. Healthcare Workforce.*—The Committee recognizes the benefit of using real-time information in order to assess whether such programs are leading to improved physician supply in medically underserved areas. The Committee supports development of a data dashboard for all graduate medical education training position participants to include real-time information on residency applications, interviewee demographics, and residency fulfillment rates. The Committee requests a professional



judgment estimate for the development of such a data dashboard, and any potential barriers, within 180 days of enactment of this act.

#### *Public Health Workforce Development*

The Committee provides \$18,000,000 for Public Health Workforce Development. This program line, also called Public Health and Preventive Medicine, funds programs that are authorized in titles III and VII of the PHS Act (Public Law 111–148) and supports awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs.

#### *Nursing Workforce Development Programs*

The Committee provides \$303,472,000 for Nursing Workforce Development programs. These programs provide funding to address all aspects of nursing workforce demand, including education, practice, recruitment, and retention. The Committee recognizes the severe nursing shortage facing our country and the challenges this shortfall poses to our healthcare system's ability to meet increasing demand. The Committee encourages the agency to engage with stakeholders to assess current and projected shortages, identify best practices and innovative strategies at the Federal, State, and local levels, and make recommendations to strengthen the nursing workforce pipeline.

*Palliative Care Nursing Workforce.*—Palliative care is patient and family-centered care, involving the support of an inter-professional team of doctors, nurses, social workers, and other providers and specialists who provide care for people with serious illnesses. As the healthcare needs of the Nation evolve and grow in complexity, the Committee encourages HRSA to expand opportunities to train and strengthen the palliative care nursing workforce through existing programs and activities.

*State-Based Nursing Workforce Centers.*—The Committee notes interest in State-based nursing workforce centers. Such centers can collect local workforce research data, conduct strategic nursing workforce planning and program development, support programs to decrease workplace violence against nurses, develop programs to increase the recruitment and retention of nurses, and coordinate nurse leadership development programs. The Committee encourages HRSA to work with Congress and stakeholders to examine ways to establish new or enhance existing State-based nursing workforce centers to advance training.

*Strategic Partnerships.*—The Committee recognizes that the triad model of academic-clinical-community partnerships offers promising strategies for addressing nursing shortages and increasing recruitment to rural areas. The Committee directs HRSA to determine the feasibility of collecting data on such partnerships, including partnerships that receive Federal funding; the number of participants engaging in such partnerships; the characteristics of a successful partnership; and how preceptors play a key role in partnership nurse training models. The Committee directs HRSA to provide an update on its findings in the fiscal year 2027 CJ.

*Advanced Education Nursing*

The Committee provides \$89,581,000 for Advanced Education Nursing programs, which increase the number of qualified nurses in the workforce by improving nursing education through curriculum and faculty development. The Committee recognizes the importance of strengthening the primary care workforce and training providers to work in community-based settings, particularly by funding Advanced Nursing Education and Residency Programs.

*Certified Nurse Midwives.*—The Committee includes \$8,000,000 to grow and diversify the maternal and perinatal nursing workforce by increasing and diversifying the number of Certified Nurse Midwives with a focus on practitioners working in rural and underserved communities. The program awards scholarships to students and registered nurses [RNs] to cover the cost of tuition for the duration of the nurse midwifery program.

*Sexual Assault Nurse Examiners Program.*—The Committee provides \$15,000,000 to support training and certification of RNs, advanced practice registered nurses [APRNs], and forensic nurses to practice as sexual assault nurse examiners.

*Nurse Education, Practice, Quality and Retention Program*

The Committee includes \$64,413,000 for competitive grants within the Nurse Education, Practice, Quality and Retention program to enhance nurse education and strengthen the nursing workforce through the expansion of experiential learning opportunities. Within this total, the Committee continues no less than \$10,750,000 for grants to enhance nurse education through the expansion of experiential learning opportunities. HRSA is directed to ensure that these grants include as an allowable use the purchase of simulation training equipment.

*RN Shortages.*—The Committee provides \$5,000,000 to increase the supply of registered nurses. Further, the Committee directs HRSA to give priority in new funding announcements to public entities for training additional RNs, specifically for long-term and acute care settings, and to give priority to applicants in States listed by HRSA as having the greatest shortages.

*Traineeships to Address the Nursing Shortage and Prepare Academic Faculty.*—The National Academies of Science, Engineering, and Medicine [NASEM] issued a report that provided recommendations to Congress to ease the nursing shortage in America. The Committee recognizes the urgent need to address the nursing shortage existing in all parts of the United States and grow the pipeline of nurse educators to meet the demand to grow the workforce. Therefore, the Committee encourages HRSA to provide new traineeships and fellowships, including stipends, for eligible entities at both public and private institutions to expand opportunities that prepare individuals for careers in nursing.

*Nurse Practitioner Fellowship Program*

The Committee provides \$6,000,000 for grants to community-based nurse practitioner residency and fellowship training programs that are accredited, or in the accreditation process, for practicing postgraduate nurse practitioners in primary care or behavioral health, where supported education and training specialties

will include family, adult family, adult gerontology, pediatric, women's healthcare, nurse midwife, and psychiatric mental health. The Committee is concerned that the Nation remains unprepared to address healthcare provider shortages and recognizes the importance of primary care and behavioral health providers being prepared to manage clinical and social complexities. The Committee directs HRSA to give preference to FQHCs, as defined by section 1861(aa)(4) of the Social Security Act, in awarding grants.

*Nurse Corps Scholarship and Loan Repayment*

The Committee includes \$92,635,000 for Nurse Corps. This program supports scholarships and loan repayment assistance for nurses and nursing students committed to working in communities with inadequate access to care.

*Nurse Faculty Loan Repayment*

The Committee includes \$28,500,000 for Nurse Faculty Loan Repayment to expand the number of qualified nursing faculty nationwide by providing low interest loans for individuals studying to be nurse faculty and loan cancellation for those who then go on to work as faculty.

*Nursing Workforce Diversity*

The Committee includes \$22,343,000 for Nursing Workforce Diversity to increase nursing education opportunities for individuals from disadvantaged backgrounds by providing student stipends, scholarships, and preparation and retention activities.

*Children's Hospitals Graduate Medical Education*

The Committee provides \$390,000,000 for the Children's Hospitals Graduate Medical Education [CHGME] program. The Committee strongly supports the CHGME program, which provides support for graduate medical education training programs in both ambulatory and inpatient settings within freestanding children's teaching hospitals. CHGME payments are determined by a per-resident formula that includes an amount for direct training costs added to a payment for indirect costs. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

*Pediatric Specialty Loan Repayment Program*

The Committee recognizes that significant shortages of pediatric medical subspecialists, pediatric surgical specialists, child and adolescent psychiatrists, and other pediatric mental health professionals are impeding access to care for children and adolescents in underserved areas. The Committee includes \$10,000,000 for section 775 of the PHS Act. The Committee understands that high student loan debt is a significant barrier to providers choosing to complete training that would enable them to provide specialized care to children with special needs. The Committee directs HRSA to work with stakeholders with expertise in pediatric specialty care to ensure that the program and application process reflects the unique nature of pediatric specialty care, including ensuring that any clinical and service hour requirements and service site eligibility cri-

teria are consistent with pediatric specialty practice and reflect the regionalization of pediatric specialty care.

*National Practitioner Data Bank*

The Committee provides \$33,500,000 for the National Practitioner Data Bank. As mandated by the Health Care Quality Improvement Act (Public Law 99–660), the National Practitioner Data Bank does not receive appropriated funds, but instead is financed by the collection of user fees.

The National Practitioner Data Bank collects certain adverse information, medical malpractice payment history, and information related to healthcare fraud and abuse. The data bank is open to healthcare agencies and organizations that make licensing and employment decisions.

MATERNAL AND CHILD HEALTH

Appropriations, 2025 .....	\$1,170,430,000
Committee recommendation .....	1,160,680,000

The mission of the Maternal and Child Health Bureau is to improve the physical and mental health, safety, and well-being of the Nation's women, infants, children, adolescents, and their families. This population includes fathers and children with special healthcare needs.

*Maternal and Child Health [MCH] Block Grant*

The Committee provides \$799,700,000 for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. Within this total, the Committee also includes funding for a number of special projects to address the Nation's rising rate of maternal mortality. The program supports a broad range of activities, including providing prenatal care, well-child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing comprehensive care through clinics, home visits, and school-based health programs.

*Indian Health Service Facilities.*—The Committee encourages HRSA to ensure the services offered through the MCH Block Grant are provided at Indian Health Service facilities, tribally operated health programs, and Urban Indian Health programs.

*MCH Block Grant-Special Projects of Regional and National Significance [SPRANS]*

The Committee provides \$196,116,000 for SPRANS. The Committee includes funding for the following activities in the following amounts:

Budget activity	Committee recommendation
Early Childhood Development Expert Grants .....	\$10,000,000
Epilepsy .....	3,642,000
Fetal Alcohol Syndrome .....	1,000,000
Fetal Infant and Child Death Review .....	5,000,000
Hereditary Hemorrhagic Telangiectasia .....	3,000,000
Infant-Toddler Court Teams .....	18,000,000

Budget activity	Committee recommendation
Minority-Serving Institutions .....	10,000,000
Newborn Essentials Support Toolkits .....	1,000,000
Oral Health .....	5,250,000
Regional Pediatric Prevention Network .....	25,000,000
Sickle Cell Disease .....	7,000,000
State Maternal Health Innovation Grants .....	55,000,000

*Congenital Syphilis [CS].*—The Committee is concerned by reports of record high cases of CS, which is preventable during pregnancy and can result in bone deformities, deafness, blindness, stillbirth or death. The Committee encourages HRSA to expand efforts to increase prenatal screening and testing throughout pregnancy and to implement proper education for pregnant women and providers on screening, diagnosis, and treatment of CS.

*Early Childhood Development Expert Grants.*—The Committee provides \$10,000,000 to continue support for placements of early childhood development experts in pediatric settings with a high percentage of Medicaid and Children’s Health Insurance Program patients.

*Hemophilia Programs.*—The Committee strongly supports and maintains funding for the Regional Hemophilia Network Program, which provides grant funds to the National network of 140 Hemophilia Treatment Centers [HTCs]. The Committee recognizes the importance of the Program’s work in supporting HTCs and the model comprehensive and multi-disciplinary care they offer, including physical therapy assessments, social work and case management, which are vital to managing this complex, vulnerable, and rare bleeding disorders patient community.

*Infant-Toddler Court Teams.*—The Committee includes \$18,000,000 to continue and expand research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families.

*Minority-Serving Institutions.*—The Committee continues \$10,000,000 for a research network that is comprised of and supports minority-serving institutions to study health disparities in maternal health outcomes and develop curricula for training health professionals to identify and address the risks that environmental factors pose for vulnerable mothers and women who plan to become pregnant.

*Newborn Essentials Support Toolkit.*—The Committee includes \$1,000,000 to continue the Newborn Support Kit public-private partnership program, which is consistent with the activities authorized for the Special Projects of Regional and National Significance under 42 U.S.C. 701(a)(2). The Committee recognizes demonstrated successful outcomes of such programs to decrease maternal mental health symptoms and financial stress. Funding shall be used to purchase and distribute newborn supply kits, including diapers, postpartum supplies, blood pressure monitors, and infant thermometers. The Secretary shall prioritize implementation of the program in medically underserved geographic areas, including rural communities, tribal communities, and communities with the highest maternal mortality rates.

*Oral Health.*—The Committee includes \$5,250,000 to continue demonstration projects to increase the implementation of integrating oral health and primary care practice. The projects should model the core clinical oral health competencies for non-dental providers that HRSA published and initially tested in its 2014 report *Integration of Oral Health and Primary Care Practice*.

*Regional Pediatric Prevention Network.*—The Committee provides \$25,000,000 to continue work among the Nation's pediatric hospitals and their communities to prepare for and coordinate research-informed responses to future pandemics and other global health threats.

*State Maternal Health Innovation Grants.*—The Committee provides \$55,000,000 to support innovation among States to improve maternal health outcomes and address disparities in maternal health. With this funding, States collaborate with maternal health experts to implement State-specific action plans in order to improve access to maternal care services, identify and address workforce needs, and support postpartum and inter-conception care services.

*Stillbirth Prevention Technical Assistance.*—The Committee is encouraged by HRSA's efforts to update its materials and guidance to clarify that stillbirth prevention activities are an allowable use of funds under the Maternal and Child Health Services Block Grant program. The Committee urges HRSA to continue to provide for ongoing technical assistance and other activities to support States' stillbirth prevention activities.

#### *Maternal and Child Health Programs*

##### *Sickle Cell Disease Treatment Demonstration Program*

The Committee provides \$8,205,000 for grants and contracts to help coordinate service delivery for individuals with sickle cell disease, including genetic counseling and testing, long-term follow-up and care coordination, and training of health professionals.

##### *Autism and Other Developmental Disorders*

The Committee provides \$56,344,000 for the Autism and Other Developmental Disorders program. The program supports surveillance, early detection, education, and intervention activities for autism and other developmental disorders, as reauthorized in the Autism Collaboration, Accountability, Research, Education and Support Act of 2019 (Public Law 116–60).

The Committee provides not less than \$38,245,000 for the Leadership Education in Neurodevelopmental and Related Disabilities [LEND] programs. LEND programs are uniquely positioned to provide innovative strategies to integrate and enhance existing investments, including translating research findings on interventions, guidelines, tools, and systems management approaches to training settings, to communities, and into practice, and to promote life-course considerations from developmental screening in early childhood to transition to adulthood issues. The funding is critical to the LEND's role in providing direct clinical assessment and evidence-based interventions. Additionally, this workforce development funding is essential to increasing the number of providers with advanced interdisciplinary training in a broad array of professional

disciplines to improve the identification, assessment, and care for individuals with autism and other neurodevelopmental and related disabilities. The Committee encourages HRSA to continue supporting the program's efforts to address a critical shortage of healthcare professionals, serve under-represented communities, and fulfill the expanded statutory mandate to serve individuals across the lifespan.

#### *Healthy Start*

The Committee provides \$145,250,000 for Healthy Start. The primary purpose of Healthy Start is to reduce infant mortality and generally improve maternal and infant health in at-risk communities. Grants are awarded to State and local health departments and nonprofit organizations to conduct and develop a package of innovative health and social services for pregnant women and infants and evaluate these efforts.

*Maternal Mortality.*—The Committee continues to support a new targeted expansion of an enhanced Healthy Start program model that began in fiscal year 2023. The Committee also continues to support nurse practitioners, certified nurse midwives, physician assistants, and other maternal-child advance practice health professionals within all program sites nationwide.

*Self-Measured Blood Pressure Monitoring Initiative.*—The Committee recognizes the Healthy Start blood pressure monitoring pilot, which distributed cuff kits to 15 Healthy Start sites in 12 States. The Committee provides no less than \$250,000 for more States to benefit from this pilot project, and to the Healthy Start program to continue to support the self-measured blood pressure monitoring pilot, which works to identify preeclampsia during pregnancy at an earlier stage in high-risk communities by distributing blood pressure cuffs and patient information. Preeclampsia, the most dangerous form of hypertension, is a pregnancy complication that affects as many as one in 12 pregnancies and can easily be monitored.

#### *Heritable Disorders in Newborns and Children*

The Committee provides \$20,883,000 for the Heritable Disorders in Newborns and Children program, as described in the Newborn Screening Saves Lives Act of 2008 (Public Law 113–240). This program provides funding to improve States' ability to provide newborn and child screening for heritable disorders. Newborn screening provides early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal, and/or functional conditions.

*Recommended Uniform Screening Panel [RUSP].*—The Committee recognizes the importance of Federal guidance, including the significant influence of the Recommended Uniform Screening Panel [RUSP], in State decision-making around the detection of chronic illnesses at birth. Within 90 days of enactment of this act, the Committee directs HRSA to provide a briefing on the activities of the Advisory Committee on Heritable Disorders in Newborns and Children [ACHDNC], including efforts to promote universal screening, respond to medical breakthroughs, and any updates to the RUSP.

*Early Hearing Detection and Intervention*

The Committee provides \$18,818,000 for universal newborn hearing screening and early intervention activities. This program awards 59 competitive grants to States and territories that support statewide systems of newborn hearing screening, audiologic diagnostic testing before 3 months of age, and enrollment in early intervention programs before the age of 6 months.

*Congenital Cytomegalovirus [cCMV].*—The Committee notes that cCMV is the most common viral infection infants are born with in the United States and the leading non-genetic cause of hearing loss. Emerging research has shown that early intervention treatments may prevent or lessen the severity of hearing loss in infants born with cCMV. The Committee encourages HRSA to expand efforts to provide cCMV education, screening, and testing during pregnancy.

*Emergency Medical Services for Children*

The Committee provides \$24,334,000 for the Emergency Medical Services for Children program, which focuses on improving the pediatric components of the emergency medical services system and improving the quality of care provided to children in the pre-hospital setting. Funding is available to every State emergency medical services office to improve the quality of emergency care for children and to pay for research and dissemination of best practices.

*Screening and Treatment for Maternal Mental Health and Substance Use Disorders [MMHSUD]*

The Committee provides \$12,000,000 for the MMHSUD program, which was reauthorized in the Consolidated Appropriations Act of 2023 (Public Law 117–328). HRSA is directed to make grants to States to establish, improve, or maintain programs to train professionals to screen, assess, and treat for maternal depression in women who are pregnant or who have given birth within the preceding 12 months.

According to Maternal Mortality Review Committee data in 38 States, mental health conditions accounted for over 22 percent of pregnancy-related deaths in 2020. Maternal mental health [MMH] conditions impact one in five pregnant or postpartum women, including as many as one in three in high-risk populations. MMHSUD trains healthcare providers to screen, assess, and treat MMH conditions and substance use disorders, and provides specialized psychiatric consultation to providers. The Committee encourages HRSA to improve or maintain existing State programs, prioritizing States with high rates of adverse maternal health outcomes, and to provide technical assistance to both grantee and non-grantee States to implement activities under this program. Grants shall include culturally and linguistically appropriate approaches to assist in the reduction of maternal health disparities. Within 180 days of enactment of this act, the Committee directs HRSA to provide a report detailing efforts by the agency to increase access to training for healthcare providers and to provide support for Tribes and tribal organizations.



### *Pediatric Mental Health Care Access*

The Committee provides \$13,000,000 for expanding access to behavioral health services in pediatric primary care by supporting the development of pediatric mental healthcare telehealth access programs.

*Home-Based Behavioral Healthcare Services.*—The Committee encourages the Pediatric Mental Health Care Access [PMHCA] program State grantees to foster collaboration with organizations that are working within communities and with families to support individualized, comprehensive home-based behavioral healthcare services for young people and adolescents. Where possible, the Committee encourages PMHCA recipients to share resources with pediatric health professionals about programs that support comprehensive family support services.

### *Poison Control Centers*

The Committee provides \$26,846,000 for Poison Control Centers. The Committee remains concerned with longstanding geo-routing challenges for incoming calls of poison centers. Not later than 18 months after the date of enactment of this act, the Committee directs HRSA to coordinate with the Federal Communications Commission and leading wireless carriers, to the extent technically and economically feasible, to identify, develop, and implement a proof-of-concept trial of a geo-routing solution to ensure that communications with the National toll-free number are routed to the appropriate poison control center based on the physical location of the contact rather than the area code of the contact device. The Committee encourages HRSA to use SAMHSA geo-routing for the 988 Lifeline as a framework for development and implementation.

### *Innovation for Maternal Health*

The Committee includes \$17,300,000 to support continued implementation of the Alliance for Innovation on Maternal Health program's maternal safety bundles to all U.S. States, the District of Columbia, and U.S. territories, as well as tribal entities, and to support capacity building, address maternity care deserts, and provide technical assistance nationwide for the implementation of the Alliance for Innovation on Maternal Health program. Patient safety bundles are a set of targeted, evidence-informed best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity.

Within the total provided, the Committee includes \$500,000 to support the development and implementation of a resource kit for providers, as well as correctional custody and healthcare staff, who care for pregnant, birthing, and postpartum women who are incarcerated. Such resource kits should include best practices, resources, and planning materials for use by teams in healthcare settings that may not typically provide obstetric services or frequently care for people in need of obstetric care.

### *Integrated Services for Pregnant and Postpartum Women*

The Committee provides \$10,000,000 to reduce adverse maternal health outcomes and maternal deaths by incentivizing maternal healthcare providers to provide integral healthcare services to preg-

nant women and new mothers to optimize maternal and infant health outcomes.

*Maternal Mental Health Hotline*

The Committee provides \$8,000,000 to expand support for a maternal mental health hotline. The hotline shall provide 24 hours a day voice and text support that is culturally and linguistically appropriate. Funds provided shall also be used to raise public awareness about maternal mental health issues and the hotline.

*Increasing Awareness.*—Maternal mental health conditions impact one in five pregnant and postpartum women and one in three high-risk populations including service members, military spouses, and rural women. Since its launch on Mother’s Day in 2022, the Hotline has served more than 64,000 women and families across the United States with average response times of less than 30 seconds. Within 180 days of enactment of this act, the Committee directs HRSA to provide a report to Congress on the agency’s efforts to increase awareness of the hotline, including any promotional activities and coordination with stakeholders.

*Support for Servicemembers.*—Maternal mental health conditions impact 36 percent of female servicemembers and military spouses, and 60 percent of retired servicemembers. The Committee encourages HRSA to train hotline staff on best practices to support the unique needs of servicemembers, veterans, and military families utilizing the hotline. The Committee further directs HRSA to coordinate with the Department of Veterans Affairs and Department of Defense to ensure that public awareness activities reach civilian, military, and veteran pregnant and postpartum women, as authorized in the Consolidated Appropriations Act of 2023 (Public Law 117–328).

RYAN WHITE HIV/AIDS PROGRAM

Appropriations, 2025 .....	\$2,571,041,000
Committee recommendation .....	2,571,041,000

The Committee provides \$2,571,041,000 for the HIV/AIDS Bureau. The mission of the Bureau is to address the unmet care and treatment needs of persons living with HIV/AIDS. The Bureau administers the Ryan White Care Act (Public Law 111–87), which provides a wide range of community-based services, including primary and home healthcare, case management, substance use disorder treatment, mental health, and nutritional services.

*Ending the HIV Epidemic [EHE].*—The Committee provides \$165,000,000 for the EHE initiative. The investment will support HIV care and treatment services; support evidence informed practices to link, engage, and retain HIV-positive individuals in care; and continue to build capacity into the system.

*Emergency Assistance*

The Committee provides \$680,752,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. Grants are provided to metropolitan areas meeting certain criteria. Two-thirds of the funds are awarded by formula, and the remainder is awarded through supplemental competitive grants.

### *Comprehensive Care Programs*

The Committee provides \$1,364,878,000 for HIV healthcare and support services. Funds are awarded to States to support HIV service delivery consortia, the provision of home and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease, and support for State AIDS drug assistance programs [ADAP]. The Committee provides \$900,313,000 for AIDS medications in ADAP.

*Medical Nutrition Therapy and Food Bank/Home Delivered Meals.*—The Committee recognizes the value of nutrition services as an evidence-based intervention that improves health outcomes and lowers healthcare costs for people living with HIV/AIDS. The Committee supports the existing nutrition services offerings, including Medical Nutrition Therapy and Food Bank/Home Delivered Meals, within the Ryan White HIV/AIDS Program and encourages HRSA to continue these important initiatives and coordinate these activities with the Office of the Assistant Secretary for Health, where feasible.

### *Early Intervention Services*

The Committee provides \$208,970,000 for early intervention grants. These funds are awarded competitively to primary healthcare providers to enhance healthcare services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

### *Children, Youth, Women, and Families*

The Committee provides \$77,935,000 for grants for coordinated services to women, infants, children, and youth. Funds are awarded to a variety of providers, including community health centers, comprehensive hemophilia centers, county and municipal health departments, and other nonprofit community-based programs that provide comprehensive primary healthcare services to populations with or at risk for HIV.

### *AIDS Dental Services*

The Committee provides \$13,620,000 for the AIDS Dental Services program. This program provides grants to dental schools, dental hygiene schools, and post-doctoral dental education programs to assist with the cost of providing unreimbursed oral healthcare to patients with HIV.

The Ryan White Part F program provides for the Dental Reimbursement Program, which covers the unreimbursed costs of providing dental care to persons living with HIV/AIDS. Programs that qualify for reimbursement are dental schools, hospitals with post-doctoral dental education programs, and colleges with dental hygiene programs.

### *AIDS Education and Training Centers*

The Committee provides \$34,886,000 for AIDS Education and Training Centers [AETCs], which train healthcare practitioners, faculty, and students who care for AIDS patients outside of the tra-

ditional health professions education venues and supports curriculum development on the diagnosis and treatment of HIV infection for health professions schools and training organizations.

*Special Projects of National Significance*

The Committee provides \$25,000,000 for the Special Projects of National Significance program. This program supports the development, evaluation, and dissemination of innovative models of HIV care and treatment to improve the retention and health outcomes of Ryan White HIV/AIDS Program clients.

HEALTH SYSTEMS

Appropriations, 2025 .....	\$122,009,000
Committee recommendation .....	127,009,000

The Committee provides is \$127,009,000 for the Health Care Systems Bureau.

The Health Care Systems Bureau protects the public health and improves the health of individuals through efforts to support and enhance the systems by which healthcare is delivered in America.

*Organ Donation and Transplantation*

The Committee provides \$59,049,000 for organ donation and transplantation activities.

*Kidney Transplant Disparities.*—The Committee recognizes concerns that some of the metrics used at transplant hospitals may disincentive the treatment of complex, higher risk kidney transplant and directs HRSA to provide a report no later than 60 days after enactment of this act on ways HRSA can work with transplant hospitals to ensure that the metrics used do not penalize hospitals for taking on more complex kidney transplant cases.

*Organ Procurement and Transplantation Network [OPTN] Modernization Initiative.*—The Committee recognizes the importance of the OPTN Modernization Initiative, launched in March 2023, to strengthen accountability and the performance of the nation's organ transplant system. The Committee is extremely concerned by recent reports of cases involving patients with neurological signs incompatible with organ donation. Such reports raise serious ethical and legal questions, and the Committee is encouraged by the Secretary's recent announcement that HRSA is mandating strict corrective actions for the entities involved. The Committee requests a briefing within 30 days of enactment of this act and every 90 days thereafter on HRSA's spend plan and progress toward its stated objectives and actions the Department has taken or plans to take to improve oversight, protect patient safety, increase public and stakeholder trust in the organ allocation process, and track and evaluate the effectiveness and impact of the initiative. Further, as HRSA continues this work, it is critical that the needs of pediatric transplant patients and their families be prioritized, and the Committee urges HRSA to maintain the multidisciplinary committees in the OPTN system, and to require pediatric representation on each organ-specific committee. Finally, the Committee directs HRSA to provide an update in the fiscal year 2027 CJ on the use of organ tracking technology to allow organ procurement organiza-

tions real-time updates on an organ's location to help improve the safe and efficient transportation of donor organs.

*OPTN Next Generation Technology.*—Due to the significant failures of the OPTN's technology in the past, the Committee is particularly interested in HRSA's continuation of activities to develop a technology solution to fully modernize the OPTN. The Committee directs the Secretary to prioritize obligations from resources in the nonrecurring expenses fund [NEF] for these activities. The Committee encourages HRSA to consider technology solutions already adopted across HHS and the private sector, particularly those that address complex medical and logistics supply chain challenges while promoting patient safety, as part of a competitive process and successful transition.

*Organ Transportation Working Group.*—The Committee supports the recommendations made by the Federal Aviation Administration's [FAA] Organ Transportation Working Group to identify best practices for transporting organs in the cabin of airplanes. This initiative is critical for patients awaiting organ transplants, as transporting organs in the cabin can reduce transit time, minimize temperature fluctuations, and increase the viability of life-saving organs during critical transportation windows. As part of the report, FAA developed 20 recommendations, including five for HRSA: (1) establish a forum for continuous discussion and communications across the transplant community and aviation industry stakeholder groups; (2) establish standardized data definitions, data types, and reporting protocols for data collection in the organ transport community; (3) add granularity in data reporting by collecting transportation methods and success/failure rates in addition to timing in schedule; (4) develop a centralized data management system to collect data from OPTN members, couriers, and other relevant stakeholders; (5) share relevant incident reports with Transportation Security Administration [TSA] and airlines. The Committee strongly supports these recommendations and directs HRSA to provide an update to the Committee no later than 60 days after enactment of this act on how the agency will implement these recommendations.

#### *National Cord Blood Inventory*

The Committee provides \$19,266,000 for the National Cord Blood Inventory [NCBI]. The purpose of this program is to provide funds to cord blood banks to build an inventory of the highest quality cord blood units for transplantation.

NCBI builds a racially and ethnically diverse inventory of high-quality umbilical cord blood for transplantation. The Committee applauds HRSA for increasing the number of units collected and maintained under NCBI.

#### *C.W. Bill Young Cell Transplantation Program*

The Committee provides \$33,009,000 for the C.W. Bill Young Cell Transplantation Program. The Committee continues to support cell transplantation through the use of bone marrow, peripheral blood stem cells, and cord blood. The Committee appreciates HRSA's efforts to increase the diversity of the volunteer registry and encourages HRSA to continue to address barriers that impact

a patient's ability to identify a matched donor and access lifesaving transplants in a timely manner.

*National Hansen's Disease Program*

The Committee includes \$13,706,000 for the Hansen's Disease Program, \$122,000 for Hansen's Disease Buildings and Facilities, and \$1,857,000 for Payments to Hawaii for Treatment of Hansen's Disease. These programs support inpatient, outpatient, and long-term care, as well as training and research in Baton Rouge, Louisiana; outpatient clinic sites in the continental U.S. and Puerto Rico; related expenses for the facilities of the National Hansen's Disease Center; and medical care and treatment of persons with Hansen's disease through the Hawaii Department of Health's community program administered from Honolulu, Hawaii.

RURAL HEALTH

Appropriations, 2025 .....	\$364,607,000
Committee recommendation .....	373,907,000

The Committee provides \$373,907,000 for Rural Health programs.

The Federal Office of Rural Health Policy [FORHP] administers HHS rural health programs, coordinates activities related to rural healthcare within HHS, and analyzes the possible effects of policy on the more than 60 million residents of rural communities. FORHP advises the Secretary on the effects of Medicare and Medicaid on rural citizens' access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

*Rural-Urban Commuting Area [RUCA] Codes.*—The Committee applauds FORHP's work to better define rural areas in difficult and mountainous terrain areas and encourages them to continue to work to adopt the Road Ruggedness Scale, as defined in the report *Characterizing Rugged Terrain in the United States*, published by the United States Department of Agriculture Economic Research Service.

*Rural Communities Opioid Response Program [RCORP]*

The Committee provides \$145,000,000 for RCORP. Within the funding provided, the Committee includes \$10,000,000 to continue at least three Rural Centers of Excellence [Centers], as established by Public Law 115–245 and continued through Public Law 116–260 and 117–103. The Committee recognizes the success of the Centers in addressing substance use disorders within rural communities through various evidence-based treatment and recovery models but is concerned about growing issues of alcohol misuse. Funding provided to the Centers may be used for research and dissemination activities to address rural alcohol misuse.

Further, the Committee supports HRSA's continued investment in the current Centers and encourages HRSA to consider how the Centers can expand their outreach into other underserved communities. Within the total provided for RCORP, the Committee continues to include \$4,000,000 to support career and workforce training services and other needs related to substance use challenges

within the Northern Border Regional Commission's rural regions to assist individuals affected by a substance use disorder.

#### *Rural Health Outreach*

The Committee provides \$103,975,000 for the Rural Health Outreach program. This program supports projects that demonstrate new and innovative modes of outreach in rural areas, such as integration and coordination of health services. Outreach grant programs include Outreach Service Grants, Rural Network Development Grants, Delta States Network Grant Program, Network Planning Grants, and Small Health Care Provider Quality Improvement Grants.

*Regional Grant Programs.*—The Committee includes not less than the fiscal year 2025 level for the Delta States Rural Development Network Grant program, including not less than \$15,000,000 for the Delta Region Community Health Systems Development program. The Committee provides no less than \$5,000,000 for HRSA's collaboration with the Northern Border Regional Commission to provide direct support to member States and help underserved rural communities with planning and implementing service coordination improvements that better population health. Lastly, the Committee provides no more than \$2,500,000 for HRSA's collaboration with the Appalachian Regional Commission.

*Rural Maternity and Obstetrics Management Strategies [RMOMS].*—The Committee provides no less than \$13,000,000 for RMOMS to support grants to improve access to and continuity of maternal and obstetrics care in rural communities by increasing the delivery of and access to preconception, pregnancy, labor and delivery, and postpartum services, as well as developing sustainable financing models for the provision of maternal and obstetrics care. The Committee encourages HRSA to examine efforts to support collaborative innovation networks to improve maternal and infant health outcomes and reduce preventable maternal mortality and severe maternal morbidity by improving prenatal care, labor care, birthing, and postpartum care services in rural areas.

#### *Rural Health Research*

The Committee provides \$11,076,000 for the Rural Health Research program, which funds publicly available and policy relevant research on rural health to assist providers and Federal, State, and local governments in addressing challenges faced by rural communities. Additional research on the significant and pervasive challenges faced by rural Americans in accessing healthcare in support of mental health, substance use, nutrition and healthy eating, chronic health management, among other critical needs, requires additional policy research capacity to inform solutions to these important issues. The Committee encourages HRSA to consider opportunities for additional research studies within the funds provided.

#### *Rural Hospital Flexibility Grants*

The Committee provides \$66,277,000 for Rural Hospital Flexibility grants and the Small Hospital Improvement Program. Under these grant programs, HRSA works with States to provide support and technical assistance to Critical Access Hospitals and other

small, rural hospitals to focus on quality and performance improvement and to integrate emergency medical services.

The Committee is keenly aware of the significant challenges facing emergency care for rare and chronic disease patients in rural America. Rural emergency medical service [EMS] providers have gaps in education that can lead to disparate outcomes for rural rare and chronic disease patients based on delays in proper care, administration of emergency prescription medications, or unforeseen side effects or drug interactions occurring during medical interventions. Without closing these care gaps, rare and chronic disease patients face risks to their health and lives in the event of an emergency. Therefore, the Committee encourages HRSA to allow education for the administration of patient-held drugs for rural rare and chronic disease patients for rural EMS personnel as an eligible use of funding from the Emergency Services Supplement of the Medicare Rural Hospital Flexibility Grant Program.

*Cybersecurity.*—The Committee urges HRSA to clarify that funds from the Small Hospital Improvement Program may be used to support cybersecurity measures including purchases of hardware, software, and training.

#### *State Offices of Rural Health*

The Committee provides \$13,500,000 for State Offices of Rural Health. These offices help States strengthen rural healthcare delivery systems by enabling them to coordinate care and improve support and outreach in rural areas.

#### *Black Lung Clinics*

The Committee provides \$12,190,000 for the Black Lung Clinics program. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

#### *Radiation and Exposure Screening and Education Program*

The Committee provides \$1,889,000 for activities authorized by the Radiation Exposure Compensation Act (Public Law 109–482). This program provides grants for the education, prevention, and early detection of radiogenic cancers and diseases resulting from exposure to uranium during mining and milling at nuclear test sites.

#### *Rural Residency Planning and Development*

The Committee provides \$14,000,000 for the Rural Residency Planning and Development program. The Committee commends FORHP for efforts to expand the physician workforce in rural areas and supports continuation and expansion of the program to develop new rural residency programs, or Rural Training Tracks.

The Committee provides no more than \$2,000,000 to support family medicine/obstetrics training programs in States with high infant morbidity rates. The funding will reduce infant mortality and maternal morbidity by improving the availability and accessibility of prenatal care through increasing family medicine/obstetrics



training programs and graduates, increasing Family Medicine and OB/GYN faculty to train physicians, and by providing equipment, such as ultrasound, electronic fetal monitors, and telemedicine equipment with the training and support for this equipment to rural areas. HRSA is directed to brief the Committee on its plans no less than 15 days prior to releasing a Funding Opportunity Announcement.

*Rural Hospital Stabilization Pilot Program*

The Committee includes \$6,000,000 for the Rural Hospital Stabilization Pilot program that started in fiscal year 2024. The program is intended to provide support to at-risk rural hospitals to enhance or expand service lines to retain healthcare services locally and increase service volume and revenue that will enhance hospitals' financial viability. HRSA is directed to prioritize applications from hospitals that do not have Medicare Critical Access Hospital designation and are at risk of closure.

FAMILY PLANNING

Appropriations, 2025 .....	\$286,479,000
Committee recommendation .....	286,479,000

The Committee provides \$286,479,000 for the title X Family Planning program. This program supports preventive and primary healthcare services at clinics nationwide.

HRSA-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriations, 2025 .....	\$219,588,000
Committee recommendation .....	1,078,036,000

The Committee provides \$1,078,036,000 for HRSA-wide activities. Within the total, \$150,000,000 is provided for program management.

*Congressionally Directed Spending.*—Within the total for program management, the Committee also includes \$873,748,000 for projects financing the construction and renovation (including equipment) of healthcare and other facilities and for one-time grants supporting other health-related activities. The projects are specified in the table at the end of this Committee Report.

Within 60 days of enactment of this act and quarterly thereafter, the Committee directs HRSA to provide a report detailing the status of CDS funding for the previous three fiscal years. Such a report shall be presented in Excel format and include a project description, House and Senate requestors, the type of award, total obligations, total disbursements, and the percent disbursed.

*Addressing Chronic Disease.*—The Committee recognizes the Administration's focus on addressing chronic disease, including the proposed Make America Healthy Again [MAHA] Initiative and its approach to addressing the prevalence of chronic disease and childhood obesity. The Committee urges HRSA to work with the Office of the Assistant Secretary for Health to ensure coordination of these efforts across the Department. Within 30 days of enactment of this act, the Committee directs HRSA to provide a briefing on efforts to utilize the principles of the MAHA Initiative to inform activities throughout HRSA's programs.

*Oral Health Literacy.*—Within the total provided for HRSA-wide activities, the Committee includes \$300,000 to support the development of an oral health awareness and education campaign across relevant HRSA divisions, including the Health Centers Program, Oral Health Workforce, Maternal and Child Health, Ryan White HIV/AIDS Program, and Rural Health.

#### *Telehealth*

The Committee provides \$42,050,000 for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals. The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties.

*Technology-Enabled Collaborative Learning.*—The Committee provides \$8,500,000 as authorized in Public Law 116–260 to continue the use of technology-enabled collaborative learning and capacity building models. This collaborative model of medical education and care management, often referred to as Project ECHO [Extension for Community Health Outcomes], helps clinicians provide expert-level care to patients wherever they live, and increases access to specialty treatment in rural and underserved areas for a variety of conditions. The Committee recognizes that HRSA has initiated activities to allow grantees to explore addressing Alzheimer’s disease. The Committee encourages HRSA to expand and support such activities, including improving Alzheimer’s person-centered care coordination and improving care transitions.

*Telehealth Centers of Excellence [Centers].*—The Committee provides \$8,500,000 for the existing Centers to continue to validate technologies and reimbursement mechanisms, establish training protocols, and develop comprehensive templates for States to integrate telehealth into their State health provider networks. The Centers identify best practices, serve as national training resources and test the efficacy of different telehealth clinical applications. The Centers serve to promote the adoption of telehealth programs across the country by validating technology, establishing training protocols, and providing a comprehensive template for States to integrate telehealth into their State health provider network. Funding should serve to promote the adoption of telehealth services nationwide and help address the access to care issue faced by rural America. The Committee directs HRSA to continue funding existing sites with the funds provided.

*Telehealth Network Grants.*—The Committee expresses support for the Telehealth Network Grant program in addressing rural health emergencies and encourages HRSA to include telepharmacy as an area of interest for future awards.

*Telemental Health for Farming, Fishing, and Forestry Occupations.*—The Committee recognizes the persistent barriers to accessing mental healthcare for individuals in farming, fishing, and forestry occupations and other medically underserved populations, particularly in rural areas. The Committee encourages HRSA, in collaboration with the Department of Agriculture, to consider op-

portunities to support home-based telemental health services to help meet the unique needs of these populations.

*Office of Pharmacy Affairs*

The Committee provides \$12,238,000 for the Office of Pharmacy Affairs [OPA]. OPA administers the 340B drug-pricing program, which requires drug manufacturers to provide discounts or rebates to a set of programs and hospitals that serve a disproportionate share of low-income patients. The 340B program is a critical life-line to many of its program participants, including FQHCs, FQHC Look-Alikes, children's hospitals, Ryan White HIV/AIDS clinics, and other safety-net hospitals and providers. These covered entities are model stewards of the program and reinvest 340B savings to "stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services," as Congress intended.

The Committee is concerned that manufacturers continue to deny 340B pricing for drugs purchased by covered entities for use in contract pharmacies, which threatens the ability of safety-net providers to care for patients in need. The Committee urges HRSA to continue to take actions to safeguard covered entities' lawful access to discounted drugs.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2025 .....	\$15,200,000
Committee recommendation .....	15,200,000

The Committee includes \$15,200,000 for administrative costs associated with the Vaccine Injury Compensation Program. The National Vaccine Injury Compensation Program provides compensation for individuals with vaccine-associated injuries or deaths. Funds are awarded to reimburse medical expenses, lost earnings, pain and suffering, legal expenses, and death benefits. The Vaccine Injury Compensation Trust Fund is funded by excise taxes on certain vaccines recommended for routine administration to children and pregnant women.

*Completion of Medical Reviews.*—The Committee requests a report within 6 months of enactment of this act detailing HRSA's use of intelligent document processing [IDP] and artificial intelligence [AI] to complete medical reviews for individuals seeking compensation from the Vaccine Injury Compensation Program Trust Fund, including how IDP and AI have contributed to reducing reviewing times and reductions in the backlog of cases, as well as guardrails in place to ensure that medical reviews are accurate and complete.

COVERED COUNTERMEASURES PROCESS FUND

Appropriation, 2025 .....	\$7,000,000
Committee Recommendation .....	7,000,000

The Committee includes \$7,000,000 for compensation of injury claims associated with countermeasures costs to administer the Countermeasures Injury Compensation Program [CICP]. The CICP provides benefits to individuals who are seriously injured as a result of the administration or use of covered countermeasures.

## CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee provides a program level of \$9,152,090,000 for the Centers for Disease Control and Prevention [CDC], which includes \$55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act [EEOICPA], and \$1,398,375,000 in transfers from the Prevention and Public Health [PPH] Fund.

The activities of CDC focus on several major priorities: providing core public health infrastructure and functions; detecting and responding to urgent health threats; monitoring the Nation's health using sound scientific methods; preventing the leading causes of illness, injury, and death; assuring the Nation's preparedness for emerging infectious diseases and potential pandemics; and providing training, support, and leadership for the public health workforce.

## IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2025 .....	\$919,291,000
Committee recommendation .....	913,291,000

The Committee recommendation for the activities of the National Center for Immunization and Respiratory Diseases is \$913,291,000, which includes \$554,958,000 in transfers from the PPH Fund.

The mission of the National Center for Immunization and Respiratory Diseases is the prevention of disease, disability, and death through immunization and by control of respiratory and related diseases.

The Committee recommendation includes funding for the following activities in the following amounts:

Budget activity	Committee recommendation
Section 317 .....	\$681,933,000
Section 317 Immunization Program appropriations .....	126,975,000
Section 317 Immunization Program Transfer from Prevention and Public Health Fund .....	554,958,000
Influenza Planning and Response appropriations .....	231,358,000

*317 Immunization Program.*—The Committee recognizes CDC's immunization program plays a fundamental role in achieving national immunization goals and sustaining high vaccination coverage. In addition, this program underpins the protection of all children being vaccinated, even those fully insured, by providing Federal, State, and local resources to investigate outbreaks, conduct surveillance, and provide public awareness campaigns to address vaccine hesitancy that continues to be the root cause of outbreaks for measles and other preventable diseases. The Committee continues to expect funding be used to promote vaccinations for vaccine preventable diseases [VPDs] as well as address vaccine hesitancy using well-established science. CDC is encouraged to expand the existing immunization infrastructure, including implementing new strategies for hard-to-reach populations, such as those who may be vaccine-hesitant and those who are underserved due to socioeconomic or other reasons. The Committee requests an update in the fiscal year 2027 CJ on the rate of routine vaccination

across all ages, as well as a forward-looking plan to administer missed doses.

*Accelerate the Elimination of HPV-Related Cancer and Disease.*—Human papillomavirus [HPV]-related cancers remain an alarming public health concern in the United States, impacting nearly 40,000 Americans each year and is the leading cause of cervical cancer. Each year, approximately 200,000 women are diagnosed with cervical pre-cancer, 13,000 women are diagnosed with cervical cancer caused by HPV, and approximately 4,000 women die from cervical cancer in the United States. The evidence shows that HPV vaccination is extremely effective at preventing over 90 percent of HPV-related cancers when given between the recommended ages of 9 and 12. Yet, CDC data from 2023 shows that only 61 percent of children ages 13–17 were up to date with HPV vaccination, which is significantly less than the “Healthy People 2030” goal of 80 percent. While all childhood and adolescent vaccinations declined during the pandemic, the HPV vaccine rates experienced the largest decrease and have been the slowest to rebound to pre-pandemic levels. The Committee urges CDC to take immediate action to expand access to HPV vaccination, including by: updating the immunization information system at the Federal level to enable standardized forecasting of HPV vaccination at age 9 across the country; supporting providers and trusted voices to engage patients with a strong recommendation for HPV vaccination as cancer prevention; and continuing to reduce health disparities and barriers to care for underserved communities.

*Acute Flaccid Myelitis [AFM].*—The Committee recommends CDC continue its work to review suspected cases of AFM, examine possible risk factors and causes of AFM, and update clinicians about AFM diagnosis, management, and possible treatment options.

*Advisory Committee for Immunization Practices [ACIP].*—ACIP serves a critical role in the control of vaccine-preventable diseases. The Committee recognizes the essential role of experts serving on ACIP who have the experience necessary to make informed recommendations regarding vaccine policy, which also serves to ensure the public’s trust in ACIP and its recommendations. Congress has codified, under several Federal statutes, policies that link to ACIP’s recommendations for vaccine-preventable diseases, including requirements for insurance coverage of certain vaccinations. In order to promote transparency, the Committee directs CDC to work in collaboration with medical professional societies to help determine any updates necessary for the immunization schedules.

*Cost Estimates.*—The Committee reiterates the request for the Fiscal Year 2024 report, included in Public Law 118–47, and requests that the report on estimated funding needs of the Section 317 Immunization Program subsequently be updated and submitted not later than February 1, 2026, to the Committees on Appropriations. The updated report should include an estimate of optimum State and local operations funding, as well as a discussion of the role of the 317 Program, as coverage for vaccination under public and private resources continues to evolve. Estimates should also be included to address the needs of outbreak investigation and response, particularly as measles cases are increasing. The Committee also requests that the report include specific information on

the estimated cost to fully address evidence-based public health strategies that could be funded through CDC to improve coverage for HPV and influenza.

*Long COVID.*—The Committee encourages CDC to monitor and track incidence of Long COVID among children and adults, including developing a patient registry for Long COVID.

*National Perinatal Hepatitis B Prevention Program.*—The Committee recognizes that the National Perinatal Hepatitis B Program [PHBPP] is critical to preventing chronic liver disease and liver cancer. The Committee is aware that hepatitis B is most commonly spread from mother-to-child due to blood exchange during the birthing process, and that approximately 90 percent of children who are exposed to the hepatitis B virus will develop a chronic infection if they do not receive proper care. PHBPP provides integral services to prevent lifelong chronic liver disease, such as tracking perinatal hepatitis B infections, providing the hepatitis B birth dose, and ensuring hepatitis B immunization series completion for infants exposed to hepatitis B. The Committee urges CDC to maintain PHBPP, and to continue to fund all current participants in the program in order to eliminate one of the leading causes of liver cancer.

*Non-Influenza Respiratory Viruses.*—Respiratory viruses cause substantial illness and death in the United States, especially in young children, older adults, and people with underlying health conditions. The Committee recognizes the importance of a strong capacity at CDC to address respiratory viruses and supports CDC's work to address respiratory illnesses holistically, with the capacity to identify and assess characteristics of viruses to inform vaccines and therapeutics, quantify the burden such viruses place on the health of Americans, and the effectiveness of vaccines and other preventive measures.

*Promoting Routine Vaccination.*—The Committee is concerned about declining rates of vaccination among children ages 24 months and entering kindergarten, resulting in increased outbreaks in preventable, infectious diseases including measles and whooping cough across States. The Committee requests CDC provide an update in the fiscal year 2027 CJ on the vaccine education efforts and the rate of routine vaccination across all ages, as well as an update on the plan to administer missed doses, prioritizing areas with the largest reduction in routine coverage rates. CDC should include updated recommendations about what other tools it could employ to address this issue, as well as a plan to strengthen efforts to combat misinformation about vaccines and vaccination, which are contributing to confusion and hesitancy.

*Vaccines for Children Program.*—The Vaccines for Children [VFC] program provides safe, effective, and life-saving immunizations for millions of children each year, including the hepatitis B immunization. The hepatitis B immunization alone has prevented 90,100 childhood deaths in the U.S. since 1994—the fourth highest number of deaths prevented out of all 14 of the childhood immunizations. Additionally, all vaccines in the VFC program have gone through multiple rounds of scientific review and rigorous approval processes by the U.S. Food and Drug Administration and ACIP. The hepatitis B vaccine has been administered over 1 billion times

since its discovery—a clear testament to its safety and efficacy. The Committee urges CDC to continue to fund and maintain the VFC in an effort to prevent chronic illness and death in the United States.

HIV/AIDS, VIRAL HEPATITIS, SEXUALLY TRANSMITTED DISEASES, AND  
TUBERCULOSIS PREVENTION

Appropriations, 2025 .....	\$1,391,056,000
Committee recommendation .....	1,381,056,000

The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and Tuberculosis Prevention [TB] is \$1,381,056,000.

The Center administers CDC’s activities on HIV/AIDS, viral hepatitis, STDs, and TB, with the exception of the Global AIDS program, which is housed in the Global Health Center.

The Committee provides funding for the following activities in the following amounts:

Budget activity	Committee recommendation
Domestic HIV/AIDS Prevention and Research .....	\$1,013,712,000
HIV Initiative .....	220,000,000
School Health .....	38,081,000
Viral Hepatitis .....	43,000,000
Sexually Transmitted Infections .....	164,310,000
Tuberculosis .....	137,034,000
Infectious Diseases and Opioid Epidemic .....	23,000,000

*Ending the HIV Epidemic [EHE] Initiative.*—The Committee includes \$220,000,000 for the EHE Initiative. The Committee supports efforts to increase access to pre-exposure prophylaxis [PrEP] medication that prevents HIV infection. CDC is encouraged to support the building blocks of a national program to increase awareness of PrEP, including by increasing access to PrEP medication, laboratory services, essential support services such as case management, counseling, linkage, and adherence services, robust PrEP outreach and education activities, and PrEP provider capacity expansion.

*Hepatitis.*—The Committee encourages efforts to eliminate the public health threat of viral hepatitis and to implement and help fund the HHS National Viral Hepatitis Strategic Plan, which offers a framework to eliminate viral hepatitis as a public health threat. The Committee encourages CDC to expand the viral hepatitis disease tracking and surveillance capabilities of States to permit an effective targeting of resources and evaluation of program effectiveness. In pursuit of this goal, the Committee recommends greater emphasis and access to testing for both hepatitis B and hepatitis D. The Committee is aware of the November 2021 ACIP recommendation that all adults between ages 19 and 59 be vaccinated for hepatitis B and the March 2023 CDC recommendation that all adults be screened for hepatitis B. The Committee urges a coordinated Federal effort to implement these goals. The Committee urges CDC to continue disease tracking and surveillance for acute and chronic viral hepatitis A, B, and C in States and jurisdictions, which will save lives and allow for effective and efficient distribu-

tion of resources. The Committee requests an update on the prevalence and incidence of hepatitis D and the opportunities to enhance the analysis of this disease in the fiscal year 2027 CJ.

*HIV Prevention and Treatment.*—The Committee recognizes the continued threat posed by HIV, which remains on the rise in many communities across the United States. There are approximately 32,000 new HIV infections in the United States each year, and preventing a single new infection can result in an average of \$850,000 in lifetime healthcare cost savings. The Committee underscores the importance of preserving targeted Federal funding for HIV surveillance, testing, linkage to care, and prevention and treatment services and notes that State and local health departments require sufficient resources to contain and reduce the spread of HIV. In addition, the Committee recognizes the transformative impact of continued biomedical innovations in turning HIV/AIDS from a fatal disease into a chronic, manageable condition, as well as a preventable condition through PrEP, and underscores the importance of preserving targeted funding to ensure access to essential HIV treatment and prevention medicines, including long acting injectables for HIV prevention. The Committee continues to support investment in four key strategic areas that are essential to ending the HIV epidemic: (1) HIV testing and diagnosis of people living with HIV; (2) linkage to care and rapid initiation of HIV treatment; (3) connection to HIV prevention services, including PrEP; and (4) disease surveillance and rapid response to potential HIV outbreaks.

*Infectious Diseases and Opioids.*—The Committee encourages CDC to prioritize jurisdictions with the highest age-adjusted mortality rate related to SUDs and acute hepatitis C infection. CDC is also encouraged to prioritize jurisdictions that are experiencing outbreaks or emerging clusters of infectious diseases associated with drug use, including those not eligible for EHE funding.

*Sexually Transmitted Infections [STIs].*—The Committee included \$10,000,000 for fiscal years 2023–2025 to advance the grant period for the STI program forward one month. For fiscal year 2026, the Committee provides \$164,310,000 which will allow the program to operate at the same fiscal level and grant year as provided for in fiscal year 2025. The Committee is concerned by the high rates of sexually transmitted infections in the United States, particularly the increase in syphilis and congenital syphilis. The Committee includes funding to combat and prevent the high incidence of STIs. The Committee directs CDC to work with other agencies, as appropriate, to develop innovative approaches including the use of telehealth platforms and at home specimen collection to increase screening, treatment, and education to curb the spread of STIs in vulnerable populations.

*Subawards.*—The Committee is concerned about the accountability of subawards made with funds appropriated for infectious diseases and the opioid epidemic and directs CDC to track and monitor subawards.

*Tribal Tuberculosis.*—The Committee is concerned about the insufficient staffing of tuberculosis technicians in Tribal areas. The Committee encourages CDC in conjunction with State and local health departments, to continue supporting TB prevention and



treatment activities in populations at highest risk for TB, including American Indian and Alaska Native communities.

*Tuberculosis [TB].*—The Committee is concerned, that despite the United States having one of the lowest incidence rates of TB in the world, an outbreak in January 2025 caused 2 deaths, and 67 persons developed latent TB in Kansas. Delays in care for people with TB and postponement of identification and treatment of individuals with latent TB infection stalls efforts to eliminate TB in the United States. The Committee encourages CDC to work to ensure resources are available for TB screening, identification, treatment, and prevention services.

#### EMERGING AND ZOOBOTIC INFECTIOUS DISEASES

Appropriations, 2025 .....	\$760,272,000
Committee recommendation .....	763,272,000

The Committee recommendation for the activities of the National Center for Emerging and Zoonotic Diseases is \$763,272,000, which includes \$52,000,000 in transfers from the PPH Fund.

The National Center for Emerging and Zoonotic Infectious Diseases aims to detect, prevent, and control infectious diseases from spreading, whether they are naturally occurring, unintentional, or the result of terrorism.

The Committee recommendation includes funding for the following activities in the following amounts:

Budget activity	Committee recommendation
Antibiotic Resistance Initiative appropriations .....	\$197,000,000
Vector-Borne Diseases appropriations .....	64,603,000
Lyme Disease appropriations .....	27,000,000
Prion Disease appropriations .....	8,000,000
Chronic Fatigue Syndrome appropriations .....	5,400,000
Emerging Infectious Diseases appropriations .....	215,997,000
<i>Sepsis appropriations</i> .....	5,000,000
Harmful Algal Blooms appropriations .....	1,500,000
Food Safety appropriations .....	72,000,000
National Health Care Safety Network appropriations .....	24,000,000
Quarantine appropriations .....	55,772,000
Advanced Molecular Detection appropriations .....	40,000,000
Epidemiology and Laboratory Capacity Transfer from Prevention and Public Health Fund .....	40,000,000
Healthcare-Associated Infections Transfer from Prevention and Public Health Fund .....	12,000,000

*Advanced Molecular Detection [AMD].*—The Committee includes \$40,000,000 and recognizes the critical role the AMD program plays in bringing cutting edge technology to the front lines of public health by harnessing the power of advanced sequencing methods and high performance computing with bioinformatics and epidemiology expertise to study pathogens. The Committee commends CDC for advancing research in the critical area of lethal bacteria and special pathogens. However, the Committee remains concerned about the increasingly dangerous threat to public health of emerging and dangerous bacterial pathogens that can be difficult or impossible to grow in laboratory settings and can disproportionately affect health equity of underrepresented populations. Further research is required in advanced DNA sequencing to speed the development of diagnostics, therapeutics, and vaccines. The Committee requests a briefing on the advanced DNA sequencing and detection

of novel emerging and dangerous pathogens no later than 180 days after enactment of this act.

*Antimicrobial Resistance [AMR].*—The Committee continues to support the administration’s proposal to address the problem of antimicrobial resistant bacteria and fungi through a “One Health” approach and by tracking and preventing the spread of resistance at the local, regional, national and global levels. The Committee notes the complexities in conducting surveillance of antimicrobial resistance. The Committee directs CDC to publish a report publicly describing national trends in the prescription of antibiotics. The report shall identify recommendations for how antibiotic stewardship programs could be improved, and what steps should be taken for Congress to help physicians improve appropriate use of antibiotics. Additionally, the Committee recognizes the important role played by CDC’s Global Antimicrobial Resistance Laboratory and Response Network in detecting and responding to threats, including through the Antibiotic Resistance in Communities and Hospitals [ARCH] initiative. The Committee urges continued investment in ARCH, which is working in six countries to better understand, and develop effective strategies to prevent, the spread of high-risk, multi-drug resistant organisms in communities and hospitals locally and globally. The Committee also strongly encourages CDC to increase awareness of the elevated risk of drug-resistant infections that impact patients, especially those with cancer. The Committee urges CDC to educate physicians and patients on infection prevention and antibiotic stewardship as well as a focus on appropriate antibiotic use in the cancer patient population.

*Importation of Dogs.*—The Committee understands the role of CDC in preventing the spread of disease, however, certain changes to the final rule entitled “Control of Communicable Disease; Foreign Quarantine: Importation of Dogs and Cats” were not included in the Notice of Proposed Rulemaking and did not receive public comment. The burden of such changes on pene-exclaves and communities near the border of a rabies-free or low-risk country should be reviewed and mitigated by CDC. The Committee views CDC’s efforts to modify implementation of the rule as a step forward. The Committee directs CDC to maintain the current pause on implementation of the rule and further directs CDC to restart the rule process in order to consider additional ways to ensure that the transport of dogs into the country by rescue organizations, citizens who cross the border for work or other daily activities, including sporting events, and U.S. employees stationed overseas traveling with their pets are not unreasonably inhibited. The Committee also requests that CDC evaluate any flexibilities to the 6-months of age requirement, in order to ensure dogs from rabies-free or low-risk countries, and their owners or potential owners, are not unnecessarily penalized by the final rule. The Committee requests a briefing within 60 days of enactment on the status of this rule.

*Lyme Disease and Related Tick-Borne Illnesses.*—The Committee provides continued funding for programs authorized under the Kay Hagan Tick Act (Public Law 116–94) to promote a public health approach to combat rising cases of tick-borne diseases. In distributing these funds, the Committee directs CDC to prioritize entities focused on Lyme disease and related tick-borne diseases in the areas

of surveillance, control, prevention, diagnosis, treatment, and education. The Committee encourages CDC to execute the Lyme and tick-borne disease portion of the National Strategy for Vector-borne Disease in order to accelerate measures to improve Alpha-gal Syndrome surveillance, patient care, and public awareness with an emphasis on healthcare provider education, in keeping with the three public health priorities identified in the CDC 2024 report. The Committee recognizes the growing public health threat of Lyme disease and related tick-borne diseases and directs CDC to provide support in endemic areas as well as areas not yet considered endemic. Given the impact of Lyme disease and the status of ongoing clinical trials, the Committee requests a report within 180 days of enactment on CDC's research to date and recommendations on actions needed to facilitate a successful Lyme disease vaccine rollout that will build confidence and encourage uptake should a vaccine be approved by the FDA.

*Mosquito Surveillance and Control Activities.*—The Committee urges CDC to enhance capacity and expand nation-wide surveillance of vector-borne disease through an Internet-based program called VectorSurv. The Committee is aware that this modernized, data management and analysis system is used by vector control and state public health agencies in the U.S. It is currently in use in a growing number of States and the U.S.–Affiliated Pacific Islands. Mosquito control and public health agencies that use the VectorSurv system are able to manage and analyze surveillance and control data related to mosquitoes, ticks, arboviruses, and other vector-borne diseases

*Myalgic Encephalomyelitis/Chronic Fatigue Syndrome [ME/CFS].*—Given that a subset of patients with post-acute COVID–19 and other post-infectious syndromes meet the diagnostic criteria for ME/CFS, the Committee continues to encourage CDC to develop a national epidemiological and disease tracking study of post-infectious syndromes prevalence, specifically the rates of ME/CFS in adults. The Committee encourages CDC to strengthen collaboration with (1) interagency partners, (2) disease experts and stakeholders, and (3) the NIH's Collaborative Research Centers. Additionally, the Committee urges CDC to conduct a series of epidemiological studies into the causes, diagnosis, and risk factors of ME/CFS. The Committee expects CDC to engage physicians and patients in an effort to increase awareness of ME/CFS and disseminate updated clinical guidance. Finally, the Committee supports CDC's successful Project ECHO-style primary care provider education programs and encourages CDC to explore expanding the program to additional States and regions, with a special focus on rural and underserved communities.

*Mycotic Diseases.*—The Committee supports CDC's efforts relating to mycotic diseases, including its collaboration with the Valley Fever Institute, Valley Fever Center for Excellence, and the Cocci Study Group. As part of this effort, the Committee urges CDC to grow its work to improve surveillance, awareness, and diagnostics for coccidioidomycosis and other fungal diseases. The Committee also urges CDC to prioritize national action plans or programs that seek to increase disease surveillance, medical stewardship, and patient education and awareness activities; biothreat readiness or ac-

tivities that deliver expedited and actionable results at the point-of-care, provide potential to reduce unnecessary hospitalizations or escalations of care, or aid the government's ability to halt the spread of deadly fungal infections nationally; and medical products, such as diagnostics, drugs and vaccines, that work against a priority fungal pathogen with particular focus on novel products that create new product classes capable of spurring future product types. The Committee directs CDC to fund these activities at not less than the fiscal year 2024 enacted level.

*National Healthcare Safety Network [NHSN].*—The Committee includes \$24,000,000 for NHSN and recognizes the critical value of this system for healthcare quality measurement and improvement, as well as supporting national security needs for situational awareness of health systems' capacity during major outbreaks and pandemic responses. The Committee supports the modernization of the system's infrastructure resulting in increased timeliness and accuracy, reduced burden on healthcare facilities, and the ability to collect urgent data as called for by the National Biodefense Strategy to create an enduring domestic all-hazards hospital data collection capability.

*Prion Disease Surveillance.*—The Committee is concerned that Chronic wasting disease [CWD], a fatal condition in cervids (deer, elk, and moose) caused by misfolded prions, has been detected in over 30 States and all four regions of the country. Monitoring the prevalence of prion diseases, including determining a disease's incidence and whether it was acquired from animals or other humans, is critical. In light of scientific observations regarding the Nation-wide spread of CWD and concerns about the potential for cross-species transmissions to humans and food production animals, the Committee includes \$8,000,000 for surveillance efforts of human prion diseases, including Creutzfeldt-Jakob Disease, through the National Prion Disease Pathology Surveillance Center and CDC.

*Quarantine and Traveler-Based Genomic Surveillance [TGS].*—The Committee includes a \$2,000,000 increase for this program and supports efforts to detect pathogens early and enhance global biosecurity efforts through the Traveler-based Genomic Surveillance program. The Committee is aware of the expansion of the TGS program and its ability to detect over 60 pathogens collected through aircraft wastewater and nasal swabs from voluntary travelers arriving at eight international U.S. based airports and recommends continuing to advance these activities through resources made available in this bill and from prior years' appropriations balances. This capability has been transformative in advancing the Nation's pathogen surveillance capabilities to provide early warning for detection, characterization and response, including assessments of medical countermeasure efficacy.

*Sepsis.*—The Committee includes \$5,000,000 to support CDC's ongoing work for expanded data collection related to sepsis and the Sepsis Core Elements through NHSN and the Division of Healthcare Quality Promotion's work to develop sepsis quality measures. The Committee recognizes the importance of developing, in coordination with CMS, measures to improve the detection of sepsis and outcomes for patients with sepsis. These include a hospital sepsis programs' structural measure to address the implemen-

tation of structures and activities to improve the recognition and care of patients with sepsis, the Adult Sepsis Event outcome measure that will assess the number of cases and outcomes of adult patients hospitalized with sepsis, and the Pediatric Sepsis Event measure that will be used to estimate the National burden of pediatric sepsis. The Committee requests CDC release an annual report on hospital use of the Sepsis Core Elements, which includes how many hospitals use the Core Elements and CDC plans for further analysis that detail success and barriers to implementation of the sepsis Core Elements.

*Vector-Borne Diseases [VBDs].*—The Committee is concerned about the risk of a vector-borne infectious disease outbreak in the United States and our readiness to quickly respond to and stop its spread. The Committee includes an increase of \$1,000,000 for continued implementation of the Kay Hagan Tick Act and to enhance capacity to expand nation-wide surveillance of vector-borne disease. The Committee intends that this additional funding will also support the purposes of the Strengthening Mosquito Abatement for Safety and Health provisions in the All-Hazards Preparedness and Advancing Innovation Act (Public Law 116–22).

*Wastewater Surveillance.*—The Committee remains encouraged by CDC's infectious disease surveillance work through wastewater surveillance that partners with health laboratories and academic institutions to track multiple existing infectious disease threats simultaneously and to quickly pivot to detect both the resurgence of known pathogens and the emergence of new threats. The Committee continues to underscore the importance of a wastewater surveillance system that can serve as a national early-warning system for infectious diseases with broad geographic representation that strategically incorporates sites across the country to strengthen early detection and biosecurity and shares results publicly to help inform communities and protect Americans. The Committee directs CDC to provide details regarding the status of wastewater surveillance including specifications for the number, composition, capabilities, and geographic distribution of sites in the fiscal year 2027 CJ. This information should also include recommendations regarding the funding required annually to create a national wastewater surveillance system for infectious diseases as well as an analysis of spending on wastewater surveillance for fiscal years 2023–2026.

#### CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2025 .....	\$1,433,914,000
Committee recommendation .....	1,428,914,000

The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,428,914,000, which includes \$340,417,000 in transfers from the PPH Fund.

The mission of the Center is to provide national leadership in promoting health and well-being through prevention and control of chronic diseases. More than one-half of all American adults have at least one chronic illness, and such diseases account for 70 percent of all U.S. deaths and over three-quarters of all healthcare costs in the United States.

These conditions are largely preventable or improved through evidence-based programs and strategies. The Committee encourages CDC to continue working with State and local health departments and national organizations to maximize their investments in evidence-based programming and strategies at the community level.

Within the total provided for the National Center for Chronic Disease Prevention and Health Promotion, the following amounts are available for the following activities:

Budget activity	Committee recommendation
Office of Smoking and Health .....	\$246,500,000
<i>Office of Smoking and Health appropriations</i> .....	46,500,000
<i>Tobacco Transfer from Prevention and Public Health Fund</i> .....	200,000,000
Nutrition, Physical Activity, and Obesity appropriations .....	58,420,000
High Obesity Rate Counties appropriations .....	16,500,000
School Health appropriations .....	19,400,000
Health Promotion appropriations .....	62,100,000
Vision and Eye Health appropriations .....	4,500,000
Alzheimer's Disease appropriations .....	41,500,000
Inflammatory Bowel Disease appropriations .....	2,000,000
Interstitial Cystitis appropriations .....	1,100,000
Excessive Alcohol Use appropriations .....	4,000,000
Chronic Kidney Disease appropriations .....	4,500,000
Chronic Disease Education and Awareness appropriations .....	4,500,000
Prevention Research Centers appropriations .....	28,961,000
Heart Disease and Stroke .....	155,105,000
<i>Heart Disease and Stroke appropriations</i> .....	100,850,000
<i>Heart Disease and Stroke Transfer from Prevention and Public Health Fund</i> .....	54,255,000
Diabetes .....	156,129,000
<i>Diabetes appropriations</i> .....	89,717,000
<i>Diabetes Transfer from Prevention and Public Health Fund</i> .....	66,412,000
National Diabetes Prevention Program appropriations .....	37,300,000
Cancer Prevention and Control appropriations .....	410,049,000
Breast and Cervical Cancer appropriations .....	235,500,000
WISEWOMAN appropriations .....	34,620,000
Breast Cancer Awareness for Young Women appropriations .....	6,960,000
Cancer Registries appropriations .....	53,440,000
Colorectal Cancer appropriations .....	44,294,000
Comprehensive Cancer appropriations .....	22,425,000
Johanna's Law appropriations .....	11,500,000
Ovarian Cancer appropriations .....	15,000,000
Prostate Cancer appropriations .....	15,205,000
Skin Cancer appropriations .....	5,000,000
Cancer Survivorship Resource Center appropriations .....	725,000
Oral Health appropriations .....	20,250,000
Safe Motherhood/Infant Health appropriations .....	113,500,000
Arthritis appropriations .....	9,000,000
Epilepsy appropriations .....	11,500,000
National Lupus Registry appropriations .....	10,000,000
Racial and Ethnic Approaches to Community Health [REACH] appropriations .....	64,950,000
Good Health and Wellness in Indian Country appropriations .....	24,000,000
Social Determinants of Health appropriations .....	6,000,000
Million Hearts Transfer from Prevention and Public Health Fund .....	5,000,000
National Early Child Care Collaboratives Transfer from Prevention and Public Health Fund .....	5,000,000
Hospitals Promoting Breastfeeding Transfer from Prevention and Public Health Fund .....	9,750,000

**Alzheimer's Disease.**—The Committee recommendation includes \$41,500,000, an increase of \$2,000,000 to continue Alzheimer's and related dementias public health programs authorized in Public Law 115–406 and to strengthen the Healthy Brain Initiative, including implementation of the Healthy Brain Initiative Public Health Road Maps. HHS formally made prevention of Alzheimer's disease a na-

tional priority when it added Goal Six to the National plan to fight the disease in 2021. Goal Six calls for clear strategies to achieve the goal, including additional research, strengthening our Nation's public health infrastructure, and turning risk reduction into clinical practice. The Committee is encouraged by research demonstrating the impact of risk reduction on dementia prevalence. To ensure disproportionately affected populations are reached, the Committee encourages CDC to increase capacity to support populations with a high burden of Alzheimer's and other dementias through public health promotion and workforce development. The Committee directs the Secretary to publish a report publicly within 180 days of enactment on progress made toward meeting the goal.

*Breast and Cervical Cancer.*—The Committee includes \$235,500,000 for the provision of critical, lifesaving breast cancer screening and diagnostic services to uninsured and underinsured women. The Committee is aware that there are still substantial barriers to screening like geographic isolation, limited health literacy, lack of provider recommendation, inconvenient times to access services, and language barriers. The Committee directs CDC to continue efforts to reduce breast and cervical cancer disparities especially in underserved communities and to work to reach women who may have delayed screening services during the COVID-19 pandemic.

*Cardiac Emergency Response Planning in Schools.*—The Committee notes the recent enactment of the Cardiomyopathy Health Education, Awareness, and Research, and AED Training in the Schools [HEARTS] Act (Public Law 118-176) and encourages CDC to provide extramural funding to an appropriate partner with relevant expertise to systematically review, identify best practices, and offer recommendations for AED deployment as directed by the HEARTS Act.

*Childhood Cancer STAR Act.*—The Committee continues \$2,000,000 for implementation of the Childhood Cancer Survivorship, Treatment, Access, and Research [STAR] Act (Public Law 115-180 and 117-350) for CDC's ongoing efforts to enhance State cancer registries to track cancer in children, adolescents, and young adults.

*Chronic Disease and Alzheimer's.*—The Committee recognizes the work of the National Center for Chronic Disease Prevention and Health Promotion to reduce the incidence of chronic diseases, especially as more is learned about the relationship and linkage between multiple chronic diseases. Research shows association between multiple chronic diseases, modifiable risk factors, and the development of Alzheimer's disease and dementia. Heart disease, obesity, diabetes, and other chronic conditions are being studied as risk factors for Alzheimer's disease and dementia. The Committee requests a report from CDC within 120 days of enactment of this act outlining efforts to educate, particularly underserved communities, about the relationship between chronic diseases and potential development of Alzheimer's disease and dementia.

*Chronic Disease Education and Awareness [CDEA] Program.*—The Committee notes the importance of the CDEA program and includes funding to support grants for chronic health conditions that do not have a line item in CDC's budget. The Committee urges

CDC to continue to support several important multi-year projects that are improving public and professional awareness, along with new initiatives. Multiple conditions, patient advocacy organizations, clinicians, and researchers could benefit from this program, such as schizophrenia; postural orthostatic tachycardia syndrome [POTS] and similar forms of dysautonomia; tardive dyskinesia, which can be a debilitating movement disorder affecting individuals with serious mental illness; and improved prevention, diagnosis, and treatment of life-threatening blood clots.

*Eating Disorders Awareness Program.*—The Committee is concerned that eating disorders have one of the highest fatality rates of any psychiatric illness, and the rate of diagnosis for youth ages 12–18 rose 25 percent since 2019. The Committee supports the implementation of public awareness campaigns for eating disorders including education implementation on proper prevention strategies.

*Epilepsy.*—The Committee includes \$11,500,000 and commends CDC for its ongoing leadership of this successful program and effective community collaboration, and encourages further efforts to eliminate stigma, improve awareness and education, and better connect people with epilepsy to health and community services. The Committee appreciates CDC’s ongoing epilepsy-related surveillance and funding of epidemiologic studies on epilepsy and recognizes the importance of data to accurately understand the incidence, prevalence, and mortality rate of epilepsies, along with individual and social risk factors that influence health outcomes. The Committee encourages CDC to enhance surveillance and epidemiologic studies of the epilepsies to generate data that can guide interventions to improve outcomes for people with epilepsy, including interventions for patients with drug-resistant epilepsy. The Committee looks forward to receiving the report requested in fiscal year 2024 on current gaps in surveillance data of people living with epilepsies and on the feasibility, cost, and timing of case reporting epilepsy through the addition of the disease to the National Neurological Conditions Surveillance System.

*Farm-to-School.*—The Committee continues \$2,000,000 within Nutrition, Physical Activity, and Obesity for research and education activities related to farm-to-school programs that result in promoting healthy eating habits for students. The Committee intends that these grants support multi-agency, multi-organizational State farm to early childhood initiatives. The Committee also directs CDC to coordinate farm-to-early childhood program efforts with the Office of Community Food Systems at the Department of Agriculture.

*Fertility Data and Assisted Reproductive Technology [ART].*—The Committee is concerned by the elimination of CDC’s ART Surveillance and Research team, which fulfilled statutorily mandated activities under the Fertility Clinic Success Rate and Certification Act [FCSRCA] of 1992. This team collected and published data on over 98 percent of U.S. IVF cycles, ensuring transparency and accountability for families seeking fertility care. The Committee directs CDC to restore full ARTS program capacity, including reestablishing staff with demonstrated expertise in fertility and ART and maintaining public reporting of ART data. The Committee pro-



vides funding sufficient to support the staff and statutorily required activities of this program. Additionally, CDC shall keep the ART dataset publicly available and updated at least quarterly. The Committee reminds CDC of its obligation under FCSRCA to ensure this data is transparent, comprehensive, and standardized, enabling patients to make informed medical decisions about fertility treatment. The Committee requests a report 60 days after enactment on CDC's ART data and research activities.

*Food Allergies.*—The Committee recognizes the serious issue of food allergies, which affect approximately 8 percent of children in the United States. The Committee includes continued funding for a school-based effort to address food allergies and reduce potentially fatal anaphylactic reactions.

*Food Service Guidelines [FSG] for Federal Facilities.*—The Food Service Guidelines for Federal Facilities is a set of voluntary best practices that can be used to increase healthy and safe food options for employees. The Committee encourages the Director to update the guidelines and work with the General Services Administration to increase awareness and adoption of the Food Service Guidelines for Federal Facilities and to ensure they are updated following each update of the Dietary Guidelines for Americans.

*Heart Disease and Stroke.*—The Committee continues funding for CDC's Heart Disease and Stroke Prevention program. CDC is encouraged to support community partnerships in additional States to control heart disease and stroke and help the more than 119 million Americans living with high blood pressure. The Committee continues funding to support implementation of the Cardiovascular Advances in Research and Opportunities Legacy Act (Public Law 117–224). In addition, the Committee also continues the WISEWOMAN program to increase the number of low-income, uninsured and underinsured women who are assessed and connected to resources.

*High Obesity Rate Counties.*—The Committee directs CDC to continue this program at no less than the fiscal year 2024 level. CDC grantees are expected to work with State and local public health departments and other partners to support measurable outcomes through community and population-level evidence-based obesity intervention and prevention programs. Funded projects should integrate evidence-based policy, systems, and environmental approaches to better understand and address the environmental and societal implications of obesity. The Committee encourages CDC to also consider including the preponderance of obesity by State based on the CDC Behavioral Risk Factor Surveillance System in its eligibility criteria for the High Obesity Program.

*Inflammatory Bowel Disease [IBD].*—The Committee commends CDC's ongoing efforts to continue epidemiological studies on Crohn's disease and ulcerative colitis, known collectively as IBD, and encourages CDC to establish awareness and education activities for patients and healthcare professionals to improve early disease diagnosis to result in improved outcomes.

*Lung Cancer.*—The Committee is concerned that only 16 percent of all those eligible were screened for lung cancer. To improve screening rates, the Committee encourages CDC to work with States on targeted, cost-effective strategies that increase lung can-

cer screening rates. Strategies might include improving patient and provider education, increasing awareness of the screening criteria, and leveraging patient navigators and community health workers to reduce barriers to accessing lung cancer screening.

*Kidney Disease.*—The Committee provides funding to support the Chronic Kidney Disease Program, for activities that increase awareness, diagnosis, and treatment of chronic kidney disease [CKD] including continued support for existing partnerships. CDC is encouraged to support the public awareness initiative for advancing American kidney health that was established to implement Executive Order 13879.

*Mississippi Delta Health Collaborative.*—Within the funds provided for Chronic Disease Prevention and Health Promotion, the Committee encourages CDC to continue the Mississippi Delta Health Collaborative project and requests that CDC provide an update on these activities in the fiscal year 2027 CJ.

*National Diabetes Prevention Program.*—The Committee includes an increase and is encouraged by the health progress of many participants in CDC's National Diabetes Prevention Program. The Committee encourages CDC to continue its work to update the PreventT2 curriculum content to include evidence from the USDA's Dietary Guidelines for Americans on the importance of and access to healthy foods, including data on disease prevention through a balanced diet, and to prioritize working directly with local community partners who provide produce prescription programming. The Committee encourages CDC to explore ways to integrate food as medicine approaches in the National Diabetes Prevention Program.

*Postural Orthostatic Tachycardia Syndrome.*—The Committee encourages CDC to work with healthcare providers to inform the public about postural orthostatic tachycardia syndrome [POTS] and similar forms of dysautonomia, common chronic conditions that impact millions of Americans and cause severe disability. The Committee is concerned that 28 States do not have a board-certified autonomic specialist resulting in POTS patients facing on average a 5-year diagnostic delay, and encourages CDC to work with a national patient advocacy organization and expert clinicians and researchers to develop an education program for healthcare providers to increase access to care for POTS and similar dysautonomia patients.

*Prostate Cancer.*—The Committee remains concerned about the continued rise in prostate cancer deaths and supports CDC's work to address this trend by increasing public awareness of prostate cancer risks, screening, and treatment in high-risk men. The Committee provides continued funding for CDC's prostate cancer activities, including for outreach and education initiatives targeting high-risk men and their families.

*Racial and Ethnic Approaches to Community Health [REACH].*—The Committee includes \$64,950,000 to support grantees in building capacity for collaboration and disseminating evidence-based strategies in communities. REACH is a vital initiative to help eliminate healthcare disparities in minority communities. The Committee's recommended level includes \$24,000,000 for Good Health and Wellness in Indian Country.

*Reducing Healthcare Costs.*—The Committee recognizes the role of CDC's National Center for Chronic Disease Prevention and Health Promotion in addressing chronic diseases, which account for seven of the 10 leading causes of death and significantly contribute to the Nation's \$4,500,000,000,000 in annual healthcare costs. The Committee is concerned that despite high healthcare spending, the United States continues to face suboptimal health outcomes. The Committee also acknowledges the connection between chronic diseases and infectious diseases, as people with chronic conditions are at higher risk of severe illness and death from infectious disease. Strengthening prevention efforts is a cost-effective strategy to improve the Nation's health status, reduce healthcare spending and support a more productive workforce. To ensure transparency and accountability, the Committee requests a briefing from CDC within 120 days of enactment CDC's ongoing efforts to reduce healthcare costs through data driven public health programs, partnerships with non-governmental entities, and coordination with State and local health departments.

*Rural Prevention Health Research.*—The Committee recognizes the important work of Prevention Research Centers [PRCs], in particular the needs of rural focused prevention research. The Committee encourages CDC to review their grant funding process to ensure appropriate funding to rural areas, including rural Appalachia, which consistently ranks high in incidences of disease, injury, and poor health outcomes, to ensure important rural health research continues to take place. The Committee also directs CDC to ensure at least 20 percent of PRC funding is being directed to research in rural areas.

*Safe Motherhood and Infant Health.*—The Committee includes a \$3,000,000 increase for this portfolio of programs to improve the health of pregnant and postpartum individuals and their infants. The CDC is directed to maintain the same level of staff in the Safe Motherhood Office as were in place on March 31, 2025. The maternal mortality rate in the United States has trended downward in recent years but still persists at an unacceptably high rate. The Committee encourages CDC to use the funding increase to expand support for Maternal Mortality Review Committees [MMRCs], Perinatal Quality Collaboratives [PQCs], the Hear Her Campaign, and other programs including Sudden Unexplained Infant Death [SUID] and the Sudden Death in the Young [SDY] Case Registry. The Committee is concerned that data collection under the Pregnancy Risk Assessment Monitoring System [PRAMS] was inexplicably paused this year and that staffing reductions will impact data collection and technical assistance going forward. The Committee includes funding to continue this vital program to provide accurate national statistics on U.S. maternal mortality rates and inform data-driven actions to prevent these deaths. The Committee requests a report within 90 days of enactment of this act on PRAMS data collection efforts in fiscal year 2025 and barriers to effective and consistent data collection and opportunities to improve coordination among State MMRCs. The Committee encourages CDC to prioritize funding to help MMRCs build stronger data systems and improve data collection at the State level to create consistency and ensure accuracy and completeness in data collec-

tion, analysis, and reporting across State MMRCs. Additionally, the Committee supports CDC for funding State-based PQC and encourages CDC to prioritize funding to expand PQC to additional States and territories and provide increased support to existing PQC. The Committee requests an update on the expansion of PQC beyond the States currently funded, as well as any barriers to expansion in the fiscal year 2027 CJ.

*School Health.*—The Committee includes \$19,400,000 to promote school-based health and to prevent chronic disease and promote the health and well-being of children and adolescents in schools.

*School Health Index [SHI].*—The Committee understands the importance for educational institutions to promote health and wellness to their students from a holistic perspective to encourage stronger learning environments. The Committee recognizes that CDC created SHI to assist schools in evaluating and improving the health and well-being of students. The Committee encourages CDC to create and develop a tool similar to the SHI for higher education.

*Skin Cancer Education and Prevention.*—The Committee is concerned with the growing number of people diagnosed with preventable forms of skin cancer, which is now the most commonly diagnosed cancer in the United States. The Committee provides \$5,000,000 for skin cancer education and prevention and encourages CDC to continue its collaboration and partnership with local governments, business, health, education, community, nonprofit, and faith-based sectors.

*Sleep Health and Sleep Disorders.*—The Committee is concerned with the troubling lack of coordinated efforts in public health to improve sleep health and disorder awareness, diagnosis, and treatment despite landmark scientific discoveries demonstrating the significant impact of sleep on disease and mental and physical health and wellness. The Committee encourages CDC to expand activities to improve sleep health and sleep disorders awareness, epidemiology, detection, and care particularly for rare and orphan sleep disorders, like narcolepsy, and requests that CDC provide an update on these activities in the fiscal year 2027 CJ.

*Sudden Cardiac Arrest.*—The Committee recognizes that sudden cardiac arrest is a leading cause of death among athletes at all ages and that timely access to automated external defibrillators [AEDs] can significantly improve survival rates. The Committee urges CDC to publish best practices for how to best deploy AEDs in sporting facilities, including schools, colleges, community centers, and stadiums. The best practices should include recommendations on optimal locations, maintenance, training, and coordination with emergency medical services, including the development of Emergency Action Plans for AED deployment. Additionally, the Committee encourages CDC to expand the Cardiac Arrest Registry to Enhance Survival [CARES] program to capture data from additional States. The Committee recognizes that every year, more than 350,000 Americans fall victim to out-of-hospital cardiac arrest and only about 1 in 10 will survive this event. Registry data is critical to improving sudden cardiac survival rates in all States by allowing communities to measure the quality of patient care, establish per-

formance goals, and analyze emergency response data to identify opportunities for improvement.

*Tobacco.*—The Committee includes funding for CDC, States, Tribes and territories to continue efforts to reduce tobacco use among disparate populations and in areas and regions with high tobacco prevalence and mortality, such as rural communities, veterans, and people with behavioral health conditions, as well as continue the highly successful and cost-effective Tips from Former Smokers media campaign, which has helped over 1 million people quit smoking, saved lives, and saved over \$7,000,000,000 in healthcare costs. The Committee acknowledges the overall progress that has been made on reducing adult smoking prevalence, but unfortunately approximately 2 in 10 U.S. adults continues to smoke cigarettes, and urges CDC to continue its evidence-based work to ensure that rates also decline in populations disproportionately affected by tobacco use, including rural communities. The Committee remains concerned that 10 percent of youth use at least one tobacco product and encourages CDC's ongoing efforts to respond to and prevent youth use of e-cigarettes and other tobacco products. The Committee is also concerned by staff terminations within the Office of Smoking and Health, especially as tobacco use has long been the leading cause of preventable death in the United States. The continued funding for CDC's tobacco programs will allow CDC, States, Tribes and territories to continue programs and activities to reduce tobacco use. The Committee directs CDC to provide a briefing on the Tobacco program, including a breakdown of funding sources, programs, and activities within 120 days of enactment of this act. Additionally, CDC is instructed to provide information on how funds are currently supporting, or may prospectively support, FDA enforcement and regulation of unauthorized products and State directories.

*Type 1 Diabetes.*—Over 1,450,000 Americans have type 1 diabetes [T1D], with 304,000 of those diagnosed under the age of 18. The Committee is concerned that CDC has not adequately focused education and awareness efforts on T1D, especially given the significant progress made in the past several years related to new treatments. The Committee directs CDC to update its website to reflect progress on treatments for T1D. The website should include information targeting physicians, school health workers, parents, and young adults about screening recommendations as well as potential treatments now available to delay onset of T1D. The Committee also directs CDC to provide a plan, no later than 60 days after enactment of this act, outlining steps the agency will take to increase outreach and education efforts focused on T1D.

*Vision and Eye Health.*—The Committee provides \$4,500,000 for vision and eye health and glaucoma detection. The Committee is aware that vision impairments and eye disease contribute to or complicate many other serious and costly chronic health conditions, including diabetes, depression and anxiety, cardiovascular disease, and cognitive decline. Data on risk of vision loss and existence of vision loss in the United States is necessary to inform State and community partnerships that emphasize early detection and intervention and to address the biggest challenges

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITIES AND  
HEALTH

Appropriations, 2025 .....	\$206,060,000
Committee recommendation .....	205,060,000

The Committee provides \$205,060,000 for the activities of the National Center on Birth Defects, Developmental Disabilities, Disability and Health [NCBDDD].

This Center improves the health of children and adults by preventing birth defects, developmental disabilities, and complications of hereditary blood disorders, and by promoting optimal child development and health and wellness among children and adults living with disabilities.

Within the total provided, the following amounts are available for the following activities:

Budget activity	Committee recommendation
Child Health and Development .....	\$71,300,000
Other Birth Defects .....	19,000,000
Fetal Death .....	900,000
Fetal Alcohol Syndrome .....	11,500,000
Folic Acid .....	3,150,000
Infant Health .....	8,650,000
Autism .....	28,100,000
Health and Development for People with Disabilities .....	85,410,000
Disability and Health .....	46,500,000
Tourette Syndrome .....	2,500,000
Early Hearing Detection and Intervention .....	6,760,000
Muscular Dystrophy .....	9,000,000
Attention Deficit Hyperactivity Disorder .....	1,900,000
Fragile X .....	2,000,000
Spina Bifida .....	7,500,000
Congenital Heart .....	9,250,000
Public Health Approach to Blood Disorders .....	21,100,000
Hemophilia CDC Activities .....	3,500,000
Hemophilia Treatment Centers .....	5,100,000
Thalassemia .....	2,100,000
Neonatal Abstinence Syndrome .....	4,250,000
Surveillance for Emerging Threats to Mothers and Babies .....	23,000,000

*Autism.*—The Committee includes funding for the Autism Developmental Disabilities Monitoring [ADDM] Network and to continue surveillance of cerebral palsy to reach nearly all of its 16 ADDM Network sites.

*Blood Clots.*—The Committee is concerned about the enormous toll of blood clots on patients and the healthcare system, particularly for pregnant women, Black Americans, and cancer patients. The Committee again urges CDC to develop a comprehensive, nationwide blood clot education and awareness campaign for the general public focused on the treatment and prevention of blood clots and education and training of healthcare professionals about the signs and symptoms of blood clots.

*Congenital Heart Disease [CHD].*—CHD is the most common and deadliest category of birth defects in the United States. The Committee commends NCBDDD for its leadership in improving understanding of the unique, specialized care needs for the growing CHD population across the lifespan. The Committee includes \$9,250,000 for surveillance, research, and awareness activities authorized by

the Congenital Heart Futures Reauthorization Act (Public Law 115–342), including to support additional longitudinal surveillance sites, survey activities on long-term outcomes and patient needs, engagement with healthcare providers, and analysis of healthcare claims and clinical data.

*Duchenne and Becker Muscular Dystrophy.*—The Committee includes \$9,000,000 to continue Muscular Dystrophy research and disease surveillance initiatives. The Committee strongly encourages CDC to update research and tracking to better understand the outcomes for Duchenne and Becker muscular dystrophy treated both in and out of Certified Duchenne Care Centers; examine impacts of Duchenne on bone health, cardiovascular, and cognitive function; and investigate care and outcomes for adults with Duchenne, those receiving multiple therapies including gene therapy, and various demographic subpopulations. The Committee requests a report within 180 days of enactment of this act detailing its plan for updating muscular dystrophy efforts along these parameters.

*Fetal Alcohol Syndrome.*—The Committee includes \$11,500,000 for the surveillance of prenatal alcohol use and fetal alcohol spectrum disorders [FASD], to facilitate partnerships to prevent alcohol use during pregnancy, improve support services and access to care by responding to families living with FASD, and disseminating practical resources and information through existing community-based local affiliates.

*Hemophilia Programs.*—The Committee strongly supports and maintains funding for the hemophilia programs long housed at CDC’s Division of Blood Disorders and Public Health Genomics. The Committee recognizes the important work of these programs, which help fund the collection of surveillance data by Hemophilia Treatment Centers and support public health efforts related to bleeding disorders. These programs also support laboratory testing and other essential work relating to the detection, understanding, and prevention of inhibitors—a devastating complication that affects up to 20 percent of individuals living with hemophilia, vastly increasing the disease burden and costs of treatment for the disorder.

*Neonatal Abstinence Syndrome [NAS] Surveillance.*—The Committee includes \$4,250,000 to address the rise in NAS resulting from the overuse of opioids and other related substances during pregnancy. Funding should be used to conduct research on the use of opioids and other substances during pregnancy and related adverse outcomes from infancy through childhood, and identify best practices for care, evaluation, and management to help children.

*Physical Activity for People with Disabilities.*—The Committee provides an increase of \$1,000,000 to strengthen existing programs that address healthy athletes.

*Rare Blood Disorders and Immune Thrombocytopenia [ITP] Care.*—The Committee encourages CDC to explore the creation of an ITP treatment centers pilot program in order to identify public health and patient care opportunities to enhance efficiency and improve outcomes in coordination with the professional and patient community to establish an ITP treatment centers pilot program modeled on similar successful efforts for hemophilia and sickle cell

disease. The Committee requests a briefing on resource needs and core activities within 180 days of the enactment of this act.

*Sickle Cell Disease [SCD].*—The Committee provides continued funding for the sickle cell disease data collection program. The Committee encourages CDC to provide technical assistance to additional States with a higher prevalence of SCD, so that they can successfully participate in this grant program to better identify affected individuals in their States and better meet their needs.

*Spina Bifida.*—The Committee recognizes that Spina Bifida is the most common permanently disabling congenital disability compatible with life in the United States, affecting 1,500 babies in the country each year. While Spina Bifida and related neural tube defects are sometimes preventable through education and adequate daily folic acid consumption, there are an estimated 166,000 individuals, more than 65 percent of whom are adults, living with all forms of this complex birth defect. The Committee understands that there is a significant need for immediate support at CDC to address the transitional and adult care needs of the growing, aging Spina Bifida community and the Committee requests an update in the fiscal year 2027 CJ on efforts to address these needs. The Committee supports the continuation of the Spina Bifida Clinical Care Monitoring and Tracking Program, which works with the National Spina Bifida Registry to guide the healthcare community in the best treatment options for people living with Spina Bifida.

*Stillbirth.*—Stillbirth rates remain unacceptably high, affecting thousands of families each year. The Committee appreciates the findings and recommendations included in the March 2023 Stillbirth Task Force report and encourages CDC to implement the recommendations including improved recordkeeping, data collection, and analysis about stillbirths, addressing disparities in stillbirth risk, and provide better support for families after a stillbirth occurs.

*Surveillance for Emerging Threats to Mothers and Babies Network [SET-NET].*—The Committee includes \$23,000,000 for SET-NET. The program supports CDC's collaboration with State, Tribal, territorial, and local health departments to monitor the impact of emerging health threats, including COVID-19, and the impact of such threats on pregnancy, as well as the health of infants, to inform public health and clinical decision-making.

*Tourette Syndrome.*—The Committee provides \$2,500,000 and directs CDC to continue to educate physicians, educators, clinicians, allied professionals, and the general public about the disorder and to improve scientific knowledge on prevalence, risk factors, and co-occurring conditions of Tourette Syndrome. The Committee commends CDC for its national public health education and research program on Tourette syndrome. The Committee encourages funding be used to continue to educate physicians, educators, clinicians, allied professionals, and the general public about the disorder and to improve scientific knowledge on prevalence, risk factors, cost, and impact and co-occurring conditions of Tourette syndrome.

#### PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriations, 2025 .....	\$754,497,000
Committee recommendation .....	739,497,000



The Committee provides \$739,497,000 for Public Health Scientific Services, which includes \$150,000,000 in transfers from the PPH Fund.

This funding supports the work of all of the CDC Centers. In particular, these activities compile statistical information to inform public health policy; assure the accuracy and reliability of laboratory tests; apply digital information technology to help detect and manage diseases, injuries, and syndromes; support public health workforce development programs; and develop and inform the public health community on sound public health surveillance, laboratory protocols, and epidemiological practices.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Committee recommendation
Health Statistics .....	\$187,397,000
<i>Health Statistics appropriations</i> .....	144,453,000
<i>Health Statistics section 241 of the PHS Act</i> .....	42,944,000
Surveillance, Epidemiology, and Informatics appropriations .....	298,100,000
Advancing Laboratory Science appropriations .....	23,000,000
Public Health Data Modernization .....	160,000,000
<i>Public Health Data Modernization appropriations</i> .....	10,000,000
<i>Public Health Data Modernization Transfer from Prevention and Public Health Fund</i> .....	150,000,000
Public Health Workforce appropriations .....	71,000,000

*Community Health Workers and Community Health.*—The Committee recognizes the importance of the community health workforce in reaching underserved communities, preventing illness, and reducing related healthcare costs. The Committee urges CDC to encourage the use of community health workers, including within Tribal communities, to support the delivery of person-centered care.

*Global Civil Registry and Vital Statistics.*—The Committee strongly supports the National Center for Health Statistics' efforts to facilitate capacity building among low- and middle-income countries to develop civil registry and vital statistics systems. The Committee requests a report within 180 days of enactment that includes a listing of countries that have been supported through these partnerships to-date and a budgetary estimate of the funding required to continue this work.

*Morbidity and Mortality Weekly Report.*—The Committee recognizes that CDC's mission to detect and respond to health threats requires rapid dissemination of information. The Committee urges CDC to continue publication of CDC's Morbidity and Mortality Weekly Report, which allows for timely release of public health information. The Committee also directs CDC to continue publishing evidence-based scientific findings in peer-reviewed journals to disseminate public health data, health surveillance findings, and supplemental information.

*Native Hawaiian and Pacific Islander National Health Interview Survey.*—The Committee recognizes that it has been 10 years since the Native Hawaiian and Pacific Islander National Health Interview Survey was last fielded. The Committee looks forward to the report as directed in Public Law 118–47 on the feasibility, advisability, and costs to re-issue this survey, as well as methods to en-

sure the inclusion of Native Hawaiian and Pacific Islanders in the annual National Health Interview Study.

*National Neurological Conditions Surveillance System.*—The Committee includes \$5,000,000 within Surveillance, Epidemiology, and Informatics to continue efforts on the two initial conditions—multiple sclerosis and Parkinson’s disease.

*Public Health Data Modernization Initiative [DMI].*—The Committee commends CDC’s work to advance public health data modernization and acknowledges that efforts to enhance public health data system capabilities will result in fast and more reliable data sharing. The Committee provides continued funding for CDC to continue bringing together State, Tribal, local and territorial public health jurisdictions and public and private sector partners with the goal of establishing modern, interoperable, and real-time public health data and surveillance systems to protect the American public. The Committee recommends CDC ensure that funding from DMI is allocated to jurisdictions through the National Center for Health Statistics to support necessary upgrades to their vital statistics systems to enable more, better, and faster vital records data. The Committee requests a briefing within 90 days of enactment of this act on the progress and plans for programs and activities supported by DMI funding. The Committee directs HHS to prioritize CDC data modernization and IT projects, focusing on improving enterprise capabilities and infrastructure. The Committee further directs HHS to continue to provide quarterly reports for all ongoing projects.

*Public Health Workforce.*—The Committee includes \$71,000,000 and urges CDC to invest in fellowship and training programs to rebuild the public health workforce that includes, but is not limited to, epidemiologists, contact tracers, lab scientists, community health workers, data scientists, behavioral scientists, disease intervention and prevention specialists, occupational health specialists, public health physicians, veterinarians, nurses, informaticians, program managers, economists, policy and evaluation experts, and communicators who can help protect the Nation’s communities.

#### ENVIRONMENTAL HEALTH

Appropriations, 2025 .....	\$242,850,000
Committee recommendation .....	242,850,000

The Committee provides \$242,850,000 for the National Center for Environmental Health. This includes \$51,000,000 in transfers from the PPH Fund.

The National Center for Environmental Health addresses emerging pathogens and environmental toxins that pose significant challenges to public health. The Center conducts surveillance and data collection to determine which substances in the environment are found in people and to what degree. The Center also determines whether, and at what level of, exposure to these substances are harmful to humans.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Committee recommendation
Environmental Health Laboratory appropriations .....	\$70,750,000
Newborn Screening Quality Assurance Program appropriations .....	21,000,000
Newborn Screening for SCID appropriations .....	1,250,000
Other Environmental Health appropriations .....	48,500,000
Environmental Health Activities appropriations .....	48,600,000
Safe Water appropriations .....	8,600,000
Amyotrophic Lateral Sclerosis Registry appropriations .....	10,000,000
Trevor's Law appropriations .....	3,000,000
Climate and Health appropriations .....	10,000,000
All Other Environmental Health appropriations .....	17,000,000
Environmental and Health Outcome Tracking Network appropriations .....	34,000,000
Asthma appropriations .....	33,500,000
Childhood Lead Poisoning Transfer from Prevention and Public Health Fund .....	51,000,000
Lead Exposure Registry appropriations .....	5,000,000

*Amyotrophic Lateral Sclerosis [ALS] Registry.*—The Committee encourages CDC to continue its investment in research that will reduce incidence and prevalence of ALS in the United States. The Committee encourages CDC to continue its efforts to evaluate, update, and improve the National ALS Registry program, by ensuring that the most up to date information is provided to researchers, and ALS patients are connected with clinical trials, treatments, and resources in a timely manner. The Committee supports continued ALS prevalence reports, and urges CDC to publish these reports in a timely manner and provide updates regarding these prevalence reports. Additionally, the Committee urges CDC to collaborate with the Departments of Defense and Veterans Affairs to provide a publicly available report on the incidence and prevalence of ALS among military veterans.

*Asthma.*—The Committee includes funding for the National Asthma Control Program [NACP] so CDC can work with States to improve health outcomes for people living with asthma. As the number and severity of wildfires increases, the Committee also urges the NACP to continue its efforts to develop public health interventions aimed at protecting people with asthma from wildfire smoke. The Committee also recognizes the significance of asthma as a chronic disease and supports the National Asthma Control Program [NACP] in its efforts to reduce asthma-related hospitalizations, emergency department visits, and healthcare costs. The Committee recognizes the economic impact of asthma on workplace and school productivity and urges CDC to provide an updated assessment of the National economic burden of asthma, including prevalence, medical costs, absenteeism, and mortality.

*Childhood Lead Poisoning Prevention.*—The Committee includes \$51,000,000 to prevent and mitigate childhood lead exposure and expand the data capabilities of the program to rapidly identify and address emerging threats in communities with elevated risk of exposure to lead. CDC is expected to support local capacity to improve the health of children through efforts to eliminate lead from their environment. Additionally, the Committee is disappointed by the recent upheaval in the Childhood Lead Poisoning Prevention Program, caused by the terminations of the entire branch's staff, before those terminations were reversed months later. The funding provided in this act is intended to support the program's activities as they existed in fiscal year 2024. As such, CDC is directed to con-

tinue providing funding and technical support to health departments for identifying, tracking, and responding to lead exposures in children; maintaining the blood lead surveillance system; developing and updating guidance and training for health departments and healthcare providers to support lead poisoning prevention efforts; and offering technical assistance for lead exposure events, including through the deployment of CDC Childhood Lead Poisoning Prevention branch staff to localities requesting assistance after a lead exposure event.

*Climate and Health.*—The Committee includes \$10,000,000 for the program to provide guidance, data, and technical assistance to all States, local health departments, and additional assistance to Tribes and territories, to identify possible health effects associated with a changing climate and implement health adaptation plans. Communities across the country are vulnerable to health effects from increasingly common events such as heatwaves, wildfires, floods, droughts, and extreme storms. The Committee expects CDC to aid in the development and implementation of State-specific action plans to protect health from these threats.

*Extreme Heat and Data Collection.*—The Committee recognizes the increasing frequency and severity of extreme heat events and the lack of currently available data to adequately understand the financial burden that extreme heat places upon healthcare systems. The Committee encourages CDC, in collaboration with the National Integrated Heat Health Information System [NIHHIS] and its participating agencies, to develop and implement a system for tracking and making publicly available the healthcare costs associated with the increased demand for medical assistance during extreme heat events, including expenses related to emergency room visits, urgent care treatments, hospitalizations, and associated medications.

*Pediatric Reference Intervals.*—The Committee encourages CDC to initiate efforts to improve the accuracy of pediatric reference intervals. CDC is directed to include an estimate of the costs associated with developing pediatric reference intervals in the fiscal year 2027 CJ.

*Per and Polyflouroalkyl Substances [PFAS].*—The Committee remains concerned that extended exposure to PFAS is associated with decreased antibody response, dyslipidemia, decreased infant and fetal growth, and increased risk of kidney cancer. CDC is encouraged to continue to provide clinical guidance to advise clinicians when to offer PFAS blood testing to patients who are likely to have a history of elevated exposure.

*Radon.*—The Committee continues to support State radon program efforts that raise awareness about the associated risks of radon exposure. The Committee encourages expanding radon grants to States that are seeking to adopt or strengthen certification requirements for radon measurement and mitigation workers.

#### INJURY PREVENTION AND CONTROL

Appropriations, 2025 .....	\$761,379,000
Committee recommendation .....	761,379,000

The Committee provides \$761,379,000 for the National Center for Injury Prevention and Control.

CDC is the lead Federal agency for injury prevention and control. Programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by non-occupational injuries including those caused by fires and burns, poisoning, drowning, violence, and traffic accidents.

The Committee includes funding for the following activities:

Budget activity	Committee recommendation
Intentional Injury .....	\$164,550,000
Domestic Violence and Sexual Violence .....	38,200,000
Child Maltreatment .....	7,250,000
Child Sexual Abuse Prevention .....	3,000,000
Youth Violence Prevention .....	18,100,000
Domestic Violence Community Projects .....	7,500,000
Rape Prevention .....	61,750,000
Suicide Prevention .....	30,000,000
Adverse Childhood Experiences .....	9,000,000
National Violent Death Reporting System .....	24,500,000
Unintentional Injury .....	13,300,000
Traumatic Brain Injury .....	8,250,000
Elderly Falls .....	3,050,000
Drowning Prevention .....	2,000,000
Other Injury Prevention Activities .....	29,950,000
Opioid Overdose Prevention and Surveillance .....	505,579,000
Injury Control Research Centers .....	11,000,000
Firearm Injury and Mortality Prevention Research .....	12,500,000

*Adolescent Mental Health.*—The Committee supports the creation of the Behavioral Health Coordinating Unit to coordinate and leverage existing CDC activities related to mental health, with a particular focus on adolescent mental health activities, including early intervention. The Committee encourages CDC to begin to develop a national strategy and establish goals to improve adolescent mental health, including linkages between adolescent mental health and substance use and overdose, adverse childhood experiences, suicide, and other areas that impact mental wellbeing. This effort is expected to include convening of key experts, in and out of government, with special considerations to ensure the voices of underserved communities and populations are represented. CDC is also encouraged to provide technical assistance, including through grants to partner organizations, to support collaborations and connections between multiple sectors in communities such as public health, education, community mental health organizations and other community-based organizations, youth serving organizations, parents, and social services providers to strengthen mental health prevention and promotion and improve mental health, well-being, and resilience in communities.

*Adverse Childhood Experiences [ACEs].*—The Committee provides \$9,000,000 for ACEs surveillance, research, and prevention efforts. The Committee commends CDC's Injury Prevention Center for funding States and localities, including those with high rates of trauma, violence, and overdoses, to conduct surveillance on exposure to ACEs and target community-based interventions related to exposure to childhood trauma, ACEs, substance use, and violence and to promote positive childhood experiences.

*Child Sexual Abuse Prevention.*—The Committee includes \$3,000,000 in recognition of the severe and often life-long physical, cognitive, and emotional impact of child sexual abuse and commends CDC's work in child sexual abuse prevention research. CDC is encouraged to improve surveillance systems and data collection, increase the understanding of risk and protective factors, and develop and disseminate effective prevention efforts. The Committee directs CDC to continue the work with partners to evaluate and improve child sex abuse prevention policies within youth serving organizations, including through working with non-profit organizations that specialize in child sexual abuse prevention. The Committee also notes the expertise of non-profit and research organizations and encourages CDC to continue collaboration with these partners to ensure widespread adoption of guidance developed for youth serving organizations to prevent child sexual abuse.

*Community and Youth Violence Prevention.*—The Committee commends CDC for its work to prevent youth and community violence through technical assistance, research, and partnerships between community organizations, schools, law enforcement, faith-based organizations, and academia to evaluate effective interventions to reduce violence. The Committee encourages CDC to scale up existing partnerships with organizations that have demonstrated success in reducing community violence and its risk factors, including those involving healthcare and community outreach organizations, as well as supporting academic-community collaborations and research to advance the science and practice of violence prevention, while reducing inequities from which such violence stems.

*Core State Injury Prevention Program [Core SIPP].*—The Committee includes \$29,950,000 for the Core SIPP to enhance efforts to identify and respond to injury threats with data-driven public health actions.

*Domestic Violence and Sexual Violence.*—The Committee provides \$38,200,000 for CDC to collect data on the connection between brain injuries and domestic and sexual violence, and implement a data collection project that follows up on and operates under CDC's National Intimate Partner and Sexual Violence Survey and asks questions about the prevalence and circumstances surrounding brain injuries.

*Drowning Prevention.*—The Committee continues \$2,000,000 to prevent fatal drownings. Drowning is a leading cause of unintentional deaths among children and youth below the age of 14. This funding will allow CDC to implement proven drowning prevention programs with national organizations working with underserved and diverse youth to support State drowning surveillance efforts, as well as to develop and begin implementation of a national plan on water safety.

*Firearm Injury and Mortality Prevention Research.*—The Committee includes \$12,500,000 to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the Committee recommends CDC take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention. All grantees under this section will be required to fulfill require-

ments around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation's open science principles. The Director of CDC is to again report to the Committees within 30 days of enactment of this act on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

*Injury Control Research Centers.*—The Committee includes \$11,000,000 for awards for multi-disciplinary research on the causes, outcomes, and prevention of injuries and violence.

*National Violent Death Reporting System.*—The Committee recognizes the value of the National Violent Death Reporting System [NVDRS], as it is the only system in the United States that captures data on circumstances surrounding violent deaths, including suicides and homicides. Such data allow States and localities to detect and monitor circumstances that commonly precede violent death, investigate and respond to factors that increase risk for violent death, and inform opportunities for preventing premature death. Modernizing the systems through which these data flow is imperative to ensure the timeliness of these data and the ability to use them to inform prevention and response activities. Additionally, the Committee recognizes the value of near real-time syndromic surveillance data collected on nonfatal violence, suicide, and mental health-related emergency department visits, particularly as CDC has demonstrated the ability to link these innovative data with violent death and suicide mortality data. Given that syndromic surveillance data on violence, suicide, overdose, and mental health-related emergency department visits are obtained through CDC's existing National Syndromic Surveillance Program, the Committee encourages CDC to identify ways to streamline these two data sources—nonfatal and fatal violence-related data. Further, the Committee encourages CDC to identify opportunities to use existing data science analytic tools and artificial intelligence (e.g., those available via CDC's Enterprise Data, Analytics, and Visualization platform) to reduce time spent by States in manually abstracting violent death circumstance data.

*Opioid Prescribing Guidelines.*—The Committee applauds CDC's release of the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain, which updates and replaces the 2016 CDC prescribing guideline. The Committee directs CDC to continue its work educating patients and providers, and to encourage uptake and appropriate use of the Guidelines. The Committee urges CDC to continue coordination with other agencies including the VA, IHS, DoD, and HRSA in implementation and related updates in safe prescribing practices to ensure consistent, high-quality care standards across the Federal Government.

*Opioid or Other Drug Use and Overdose Prevention.*—The Committee continues to encourage CDC to ensure that funding for opioid and stimulant use and overdose prevention, as well as other emerging substances and threats, reaches local communities to advance local understanding of the opioid overdose epidemic and to scale-up prevention and response activities. Additionally, CDC is directed to continue expansion of case-level syndromic surveillance data, improvements of interventions that monitor prescribing and

dispensing practices, better timeliness and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices.

*Opioid Overdose Prevention and Surveillance.*—The Committee notes that recent data shows a reduction in deaths from drug overdoses, including from dangerous opioids like fentanyl. While the data is trending in the right direction, the Committee is concerned that this progress could be interrupted by the delay in the release of funding for overdose prevention efforts, which help State and local health departments have the capacity to prevent deaths from overdoses. The Committee directs CDC to issue timely awards for this program and to provide a briefing to the Committees within 60 days of enactment on the Overdose Data to Action program, including how States have used the funding to reduce overdose deaths.

*Pain Management.*—The Committee acknowledges the population health demographic data reported on chronic pain in 2023 provided as directed in Public Law 117–103 and described in House Report 117–96. However, the Committee encourages CDC to update the report provided to include an analysis and reporting of the direct healthcare costs related to pain diagnostic, management and treatment services for all forms of treatment including medication, interventional procedures, medical devices, behavioral health, restorative treatments and complementary and integrative treatments for all payer sources including public, private and out of pocket costs as well as indirect costs related to pain including missed work, short and long-term disability and loss of productivity.

*Provider Education for Opioid Alternatives.*—The Committee remains concerned about the high mortality rate due to opioid overdoses and encourages CDC to provide outreach to outpatient surgical providers on the increased availability and wide-ranging benefits of non-opioid pain management in both hospital outpatient departments and ambulatory surgery centers. The Committee encourages CDC to work with CMS, FDA, and continuing medical education associations on an education and outreach plan.

*Rape Prevention.*—The Committee includes \$61,750,000 to support rape prevention and education programs. In granting funds to States, the Secretary shall set forth procedures designed to ensure meaningful involvement of the State or territorial sexual assault coalitions and representatives from underserved communities in the application for and implementation of funding.

*Suicide Prevention.*—The Committee remains concerned about suicide rates in the United States and includes \$30,000,000. The Committee recognizes that suicide is a serious public health problem requiring strategic programming, especially among disproportionately impacted populations. The Committee also recognizes that suicide prevention requires a public health approach that addresses multiple risk factors at the individual, community, and societal levels. States, tribes, and territories are well positioned to lead a comprehensive public health approach to suicide prevention, which involves coordinating with multisector partners, to take a data-driven, evidence-based process to address the broad range of risk and protective factors associated with suicide. The Committee directs



CDC to prioritize funding to State public health departments with the goal of expanding the Comprehensive Suicide Prevention program nationwide, and to help tribes and territories build capacity and implement strategies to prevent suicide.

*Traumatic Brain Injury [TBI].*—The Committee provides \$8,250,000 to initiate concussion surveillance, particularly among children and youth. The Committee appreciates CDC’s work to better understand the burden of concussions in the United States. The Committee recognizes the need for standardized data collection practices across the care continuum to capture and integrate data on traumatic brain injury [TBI] with data collected for research purposes to improve patient identification and outcomes. The Committee encourages CDC to coordinate across HHS, the Departments of Defense, Veterans Affairs, and Transportation to identify and recommend key data elements and terms that should be collected to improve the consistency of TBI health data derived from different sources.

*Unintentional Injury on College Campuses.*—The Committee requests a briefing, within 120 days of enactment of this act, on the feasibility of CDC collecting and disseminating data related to accidental injuries among college students that result in serious injury or death.

#### NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2025 .....	\$362,800,000
Committee recommendation .....	363,800,000

The Committee includes \$363,800,000 for the National Institute for Occupational Safety and Health [NIOSH] programs. This funding level is sufficient to maintain the programs and activities located in Alaska, Colorado, Georgia, Ohio, Pennsylvania, Washington, and West Virginia as well as the staff in these locations in place on March 30, 2025. The Committee recognizes that NIOSH is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The NIOSH mission is implemented by conducting basic and applied scientific research and translating the knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines. Further, the Committee acknowledges that NIOSH continues to protect American workers through its work-related illness and injury research and directs CDC to ensure work continues in NIOSH research centers nationwide. The Committee encourages NIOSH to continue its objectivity so as to ensure the highest professional and ethical standards are maintained.

The Committee includes funding for the following activities at the following amounts:

Budget activity	Committee recommendation
National Occupational Research Agenda .....	\$119,500,000
Agriculture, Forestry, Fishing (non-add) .....	29,000,000
Education and Research Centers .....	32,000,000
Personal Protective Technology .....	23,000,000
Mining Research .....	66,500,000
National Mesothelioma Registry .....	1,200,000

Budget activity	Committee recommendation
Firefighter Cancer Registry .....	6,500,000
Other Occupational Safety and Health Research .....	115,100,000
Total Worker Health (non-add) .....	11,800,000

*Agriculture, Forestry, and Fishing Program.*—The Committee includes \$29,000,000 for efforts to protect workers in this sector by providing leadership in applied research, disease and injury surveillance, education, and prevention.

*Coal Workers' Health Surveillance Program Mobile Medical Unit.*—The Committee is concerned about the prevalence of coal workers' pneumoconiosis, also known as black lung, and the recent increase in progressive massive fibrosis, the most severe stage of black lung, among younger miners. According to NIOSH, one in 10 underground coal miners who have worked in mines for at least 25 years were identified as having black lung. Coal miners in central Appalachia are disproportionately affected with as many as one in five having evidence of black lung—the highest level recorded in 25 years. Early screening and detection of black lung can improve health outcomes and reduce mortality. However, a NIOSH report has identified several potential barriers to screening for miners—including the ability to participate in screening. The Committee urges NIOSH to continue working to improve access to screening for miners using its mobile medical unit in Morgantown and across Appalachia.

*Disaster Resilience.*—The Committee recognizes that extreme weather and disasters can leave long-lasting damage in communities. These events require health professionals and public health departments to have the resources and guidance to prepare for and mitigate health impacts before disasters, respond during disasters, and protect health during recovery after disasters. The Committee expects CDC to aid in the development and implementation of locally specific plans to respond to these threats.

*Education and Research Centers [ERCs].*—The Committee includes \$32,000,000 for ERCs in recognition of their important work to improve workplace safety and health by translating scientific discoveries into practice through effective education, training, and outreach. The Committee applauds the work of NIOSH to implement innovative approaches, and its translational research. The agency's priorities and efforts have included work on the protection of workers from heat hazards as well as the effects of the COVID-19 pandemic on the workplace, including the mental and emotional health impact on workers. The Committee encourages NIOSH to continue its support for new and existing ERCs to support education and training programs for graduate students, particularly in Environmental and Industrial Hygiene, Occupational Health Nursing, Occupational Medicine Residency, and Occupational Safety and Health Engineering.

*Environmental Exposures and Cancer in First Responders.*—The Committee is aware that first responders have increased rates of cancer diagnoses and death relative to the general population they serve. First responders, such as firefighters, are exposed to a complex mix of known and possible cancer-causing chemicals through breathing hazardous substances and absorbing them through their

skin. The Committee encourages NIOSH to continue its work examining the health and safety of first responders to build upon existing scientific evidence based research to further develop and recommend best practices for complex occupational safety and health problems such as the toxic exposures and higher cancer incidence rates in this population.

*Heat Stress and Worker Illnesses and Injuries.*—The Committee recognizes that working under high heat conditions causes symptoms of heat illness, including fatigue, loss of balance, nausea, headache, loss of physical and mental capacity, heavy sweating, muscle cramps, and other symptoms that cause or contribute to workplace injuries and illnesses. Injuries incurred may be minor, serious, life-threatening illnesses, or fatal and may result in long-term injuries or permanent disabilities. The Committee urges CDC, in collaboration with appropriate partners, to research the relationship between heat stress and workplace illnesses and injuries and to identify means for more accurate data collection, including the recording and reporting of heat related injuries and illnesses, in outdoor and indoor workplaces.

*Mining Research.*—The Committee encourages CDC to partner with public universities to facilitate the development and implementation of research initiatives in deep mining of critical minerals and metals, specifically targeting the enhancement of workplace safety and health in U.S. mining operations. Collaborative and independent research efforts should be from universities that offer Accreditation Board for Engineering and Technology [ABET] accredited undergraduate mining engineering programs under Mining Engineering Program criteria and graduate programs in mining and explosives engineering, with explosives engineering focused on mining applications. These integrated programs are necessary for conducting highly specialized technical research and implementing effective workforce development initiatives.

*National Firefighter Registry for Cancer.*—The Committee includes an increase of \$1,000,000 as the registry recruits and enrolls participants.

*Potential PFAS Exposure Source for Firefighters.*—The Committee is committed to advancing research on occupational exposure of firefighters to PFAS. NIOSH is directed to engage with the National Institute of Standards and Technology on their ongoing study to identify a firefighter's relative risk of exposure to PFAS released from their protective gear.

*Total Worker Health Program.*—The Committee continues funding for the Total Worker Health program, which supports and conducts ground-breaking research to advance the overall safety, health, and well-being of U.S. workers. This funding supports critical priorities, including addressing the Nation's mental health, suicide, and substance use disorder crises, in the context of work design and employment.

*World Trade Center Health Program [WTCHP].*—The Committee notes the importance of adequate staffing at NIOSH for purposes of fulfilling statutory obligations under the WTCHP. The Committee anticipates a timely review of the monthly staffing reports as directed through the Office of the Secretary. The Committee recognizes that thousands of eligible members of WTCHP reside out-

side the New York metropolitan area, including Florida, North Carolina, Pennsylvania, and Virginia. In consideration of migration trends, and with a greater need to provide clinical services, in particular monitoring and treatment of WTCHP-certified conditions and improve access to research within regions where eligible members live, the Committee encourages CDC to include an assessment in the fiscal year 2027 congressional justification on the value and impact on sustainability of the program in establishing an additional Clinical Center of Excellence outside the New York metropolitan area.

#### ENERGY EMPLOYEES OCCUPATIONAL INJURY COMPENSATION ACT

Appropriations, 2025 .....	\$55,358,000
Committee recommendation .....	55,358,000

The Committee includes \$55,358,000 for the Energy Employees Occupational Illness Compensation Program Act [EEOICPA] (Public Law 106–398). This mandatory funding supports NIOSH scientists who reconstruct radiation dose levels to inform compensation decisions.

*Energy Employees Occupational Illness Compensation Program Act [EEOICPA] Implementation.*—The mandatory funding provided by Public Law 106–398 supports NIOSH scientists who reconstruct radiation dose levels to inform compensation decision. The Committee encourages CDC to continue supporting the professional development of health physics professionals, who are integral to dose reconstruction and special exposure cohort determinations within the program.

#### GLOBAL HEALTH

Appropriations, 2025 .....	\$692,843,000
Committee recommendation .....	692,843,000

The Committee provides \$692,843,000 for global health-related activities at CDC.

CDC's global efforts promote health security and prevent disease in the United States and abroad through rapid detection and response to emerging and re-emerging health threats.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Committee recommendation
Global HIV/AIDS Program .....	\$128,921,000
Global Tuberculosis .....	11,722,000
Global Immunization Program .....	230,000,000
Polio Eradication .....	180,000,000
Measles and Other Vaccine Preventable Diseases .....	50,000,000
Parasitic Diseases and Malaria .....	29,000,000
Global Public Health Protection .....	293,200,000

*Global Health Protection.*—The Committee includes \$293,200,000 and recognizes CDC's unique role in supporting public health capacity development through scientific and technical leadership both domestically and globally, by working closely with United States government agencies, ministries of health, and other partners to

ensure that disease threats anywhere are prevented, detected early and responded to robustly through a coordinated, multisectoral approach. The Committee recognizes that accurate and swift diagnostics are crucial for the early detection and containment of infectious diseases of pandemic potential. The Committee encourages CDC's Global Health Center in collaboration with the National Center for Emerging and Zoonotic Infectious Diseases to prioritize the development of diagnostics for pathogens of pandemic potential and encourages CDC to work with Federal and other partners to strengthen capacity and infrastructure of countries to support adoption and access to diagnostics. The Committee notes that CDC's global health research efforts are critical to U.S. bilateral and multilateral global health and global health security programs that protect Americans and the rest of the world. CDC is a global leader in infectious disease detection, preparedness, and response, including the development and validation of tools and strategies to prevent and mitigate the spread of disease.

*Global HIV/AIDS Program.*—The Committee recognizes that since the inception of President's Emergency Plan for AIDS Relief [PEPFAR], CDC has served as an implementing partner, providing technical expertise and program oversight. The Committee directs CDC to coordinate with the State Department's Bureau of Global Health Security and Diplomacy to continue this essential role as an implementing partner to ensure program oversight and accountability.

*Malaria and Parasitic Diseases.*—The Committee provides \$29,000,000, recognizing the important role CDC plays in the fight against malaria and parasitic disease, particularly providing parasitic lab capabilities for the United States. Parasitic diseases cause devastating health and economic effects for hundreds of millions of people around the world and in the United States. CDC provides life-saving services and expertise in research, diagnosis, treatment, surveillance, consultation, and education of parasitic diseases to States and countries, U.S. government agencies, and other public health partners. The Committee encourages further support for these activities so CDC can enhance its parasitic diseases laboratory, close the gap on parasitic disease-related health inequity in the United States, and advance global control and elimination of malaria and targeted neglected tropical diseases.

*Polio Eradication.*—The Committee includes \$180,000,000 to support CDC activities related to wild poliovirus and vaccine-derived polio surveillance, vaccine procurement, and outbreak response. CDC is urged to continue to provide technical assistance to countries for polio immunization campaigns, conduct environmental surveillance of polio viruses to ensure prompt detection and to prevent potential outbreaks of paralytic polio disease.

*Soil Transmitted Helminth and Other Parasites of Domestic Concern.*—The Committee is pleased with the success of the currently funded CDC projects in educating healthcare providers and the public in at-risk communities and establishing specimen collection and diagnostic protocols to address soil transmitted helminth. The Committee includes funding for the surveillance, testing and education efforts of the currently funded projects to address other parasites of domestic concern which may be present in these areas.

Projects should consider the prevalence of Chagas, angiostrongyliasis and toxoplasmosis, among others to investigate their presence in these regions.

*Violence Against Children and Youth Surveys.*—The Committee requests a briefing, not later than 90 days after enactment of this act, on the implementation and delivery of the Violence Against Children and Youth Surveys [VACS] in active countries that have completed the survey implementation in the corresponding fiscal year and are engaged in the data to action process, including monitoring and evaluation. The Committee requests the briefing include the implementing countries' efforts to prevent and respond to violence against children; technical support provided by the United States government, and research, global thought leadership, and innovative efforts to respond to the findings of VACS reports.

#### PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2025 .....	\$938,200,000
Committee recommendation .....	933,200,000

The Committee provides \$933,200,000 for CDC's Preparedness and Response activities.

CDC's preparedness and response mission is to build and strengthen national preparedness for public health emergencies including natural, biological, chemical, radiological, and nuclear incidents. This funding supports national response programs, as well as grants to States and localities to enhance preparedness efforts across the country.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Committee recommendation
Public Health Emergency Preparedness Cooperative Agreement .....	\$735,000,000
Academic Centers for Public Health Preparedness .....	9,200,000
Center for Forecasting and Outbreak Analytics and Ready Response Enterprise Data Integration Platform	50,000,000
All Other CDC Preparedness .....	139,000,000

*Center for Forecasting and Outbreak Analytics [CFA] and Ready Response Enterprise Data Integration [RREDI] Platform.*—The Committee provides \$50,000,000 for CFA and RREDI to facilitate the use of data, modeling, and analytics to improve preparedness and response. The Committee is aware of the unprecedented challenge recent public health emergencies, such as measles, MPox, RSV, influenza, and COVID-19, pose to Federal, State, and local governments' ability to collect and share data in a meaningful way to ensure informed policy and operational decisionmaking. The Committee recognizes the investment the U.S. government has made into these programs and includes funding for CDC to maintain this capability to ensure preparedness for future public health emergencies. The Committee urges CDC to continue to work with schools of public health and other academic institutions to engage the Nation's expertise in disease modeling, public health data analysis, research, and training to build workforce capacity in this emerging field. As an interagency resource for early warnings related to emerging infectious disease threats, the Center will sup-

port the public health system in detecting, responding to, and eventually preventing future epidemics and outbreaks.

*Public Health Emergency Preparedness Cooperative Agreements.*—The Committee includes \$735,000,000 to support State and local health departments to quickly detect, monitor, and respond to health threats. Public health system investments serve as the backbone for disaster and outbreak response in every State and the pandemic has shown that increased funding for preparedness is necessary for a baseline of consistent protection. The Committee continues to request a State distribution table in the fiscal year 2027 CJ, which should also include information about how funding is being allocated to local health departments and how States are determining these allocations.

#### BUILDINGS AND FACILITIES

Appropriations, 2025 .....	\$40,000,000
Committee recommendation .....	40,000,000

The Committee provides \$40,000,000 for Buildings and Facilities.

*CDC-Owned Buildings and Facilities.*—The Committee continues funding to make progress on reducing CDC’s backlog of maintenance and repairs at its campuses nationwide, including its Atlanta headquarters. The Committee acknowledges that in order to protect Americans from health threats and to rapidly respond to public health emergencies, CDC needs a safe, secure, and fully operational infrastructure in the form of its own laboratories, buildings, and facilities. COVID–19 and other recent public health emergencies have required urgent action and demonstrated that CDC laboratories and facilities need to be ready to respond quickly and comprehensively. The Committee supports the completion of the CDC Masterplan Build Out, including continued progress with the Atlanta Masterplan Build Out.

*Mine Safety Research Facility.*—The Committee requests the continuation of quarterly updates on progress in the construction of the new mine safety research facility and laboratory, costs incurred, and unanticipated challenges which may affect timeline or total costs, and any other pertinent developments until the completion of the facility.

#### CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriations, 2025 .....	\$663,570,000
Committee recommendation .....	631,570,000

The Committee provides \$631,570,000 for public health leadership and support activities at CDC.

The recommendation includes \$250,000,000 in transfers from the PPH Fund.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Committee recommendation
Preventive Health and Health Services Block Grant Transfer from Prevention and Public Health Fund .....	\$160,000,000
Public Health Leadership and Support appropriations .....	116,570,000
Office of Rural Health appropriations .....	5,000,000
John R. Lewis Undergraduate Public Scholars Program appropriations .....	6,500,000

Budget activity	Committee recommendation
<i>NASEM Study appropriations</i> .....	1,000,000
Infectious Diseases Rapid Response Reserve Fund appropriations .....	5,000,000
Public Health Infrastructure and Capacity .....	350,000,000
<i>Public Health Infrastructure and Capacity appropriations</i> .....	260,000,000
<i>Public Health Infrastructure and Capacity Transfer from Prevention and Public Health Fund</i> .....	90,000,000

*Advisory Committee for Immunization Practices [ACIP] Report.*—The Committee includes \$1,000,000 and directs CDC to enter into a contract with the National Academies of Science, Engineering, and Medicine [NASEM] to develop a framework that delineates the considerations that should be taken into account when considering prospective voting members of ACIP, as well as recommendations to strengthen the ACIP appointment process. The framework should also address best practices for ensuring transparency, independence, and integrity in the appointment process. NASEM should also include specific criteria in the framework for maintaining a balanced range of expertise across ACIP, and propose any necessary revisions to the conflict of interest policy for ACIP and its working groups.

*CDC Technical Expertise.*—The Committee recognizes CDC's unique public health expertise, which allows the agency to provide technical assistance, data, and research to States, communities, and international partners. The Committee encourages CDC to continue efforts that support strengthening public health across its wide range of programs including preventing and responding to infectious diseases, injury prevention and control, and addressing chronic illnesses. As such, section 238 requires the Secretary to submit a detailed plan and justification to the Committees on Appropriations prior to initiating a reorganization or transfer of functions carried out by CDC. Additionally, the Committee notes the number of political appointees at CDC has increased significantly and further notes the importance of maintaining staff with the technical expertise to support the agency's mission to protect the health, safety, and security of the American people.

*Monthly Briefings.*—The Committee directs CDC to provide monthly briefings to the Committees on Appropriations regarding activities funded by this act and other available appropriations.

*Infectious Diseases Rapid Response Reserve Fund [IDRRRF].*—The Committee includes \$5,000,000 for the IDRRRF. The IDRRRF provides an immediate source of funding to ensure that funds are available when an emerging infectious disease crisis is detected. Funds are available until expended.

*Local Public Health Departments.*—The Committee notes that Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly-funded. The Committee encourages CDC to require States to fund local health departments when programmatically appropriate.

*Obligations.*—For CDC-Wide activities and for activities within every Center, unless advanced notice is provided in writing to the Committees on Appropriations, funds must be obligated for continuation awards and new award cycles that continue previous ac-



tivities under existing NOFOs on the last day prior to the expiration of the period of performance from fiscal year 2024.

*Office of Rural Health [ORH].*—The Committee provides \$5,000,000 to continue ORH. The Committee is encouraged by efforts from the agency to establish the CDC ORH. The Committee directs the agency to ensure that the established ORH will guide CDC's rural health leadership across the entire agency. This includes by developing purposeful public health guidance for rural health departments, analyzing and developing initiatives to expand the rural public health workforce, establishing a formal partnership with the Federal Office of Rural Health Policy under HRSA, and otherwise serving as a resource and technical assistance hub for public health in rural communities.

*Public Health Infrastructure and Capacity.*—The Committee includes \$350,000,000 in public health funding that is not segmented by disease, condition, activity. Rather, it is provided for cross-cutting, core public health infrastructure needs, including but not limited to workforce, health information and data systems, public health policy and communications, financial management, community partnership development, and organizational capacity. By providing maximum flexibility, this funding will allow public health agencies to determine and address their greatest needs and build core capabilities that will strengthen and support new and existing programmatic functions. The Committee again directs that no less than 70 percent of this funding be awarded to health departments. The Committee encourages CDC to strengthen infrastructure in local health departments by continuing to directly award funds to local health departments, and by urging State health department recipients to allocate resources to local health departments. The Committee urges CDC to publicly track and report to the Committee how funds provided to State health departments are passed through to local health departments.

*Public Health Leadership and Support.*—The Committee includes \$116,570,000 to support CDC's foundational public health activities and to facilitate partnerships. The Committee commends CDC for its commitment to the development of a diverse healthcare and public health workforce. Within this total, the Committee includes \$6,500,000 to expand the John R. Lewis CDC Undergraduate Public Health Scholars Program, including the opportunity for more HBCUs to participate, as well as Tribal Colleges and Universities.

#### NATIONAL INSTITUTES OF HEALTH

The Committee provides \$47,062,518,000 in base discretionary resources for the National Institutes of Health [NIH], an increase of \$301,000,000. Additionally, the Committee provides \$226,000,000 in budget authority authorized in the 21st Century Cures Act (Public Law 114–255), an increase of \$99,000,000. Per the Cures Act, \$97,500,000 is transferred to the National Institute of Neurological Disorders and Stroke [NINDS] and \$97,500,000 to the National Institute of Mental Health [NIMH] for the BRAIN Initiative; and \$31,000,000 to the Office of the Director [OD] for the All of Us precision medicine initiative. In addition, the Committee also includes \$1,412,482,000 in transfers available under section

241 of the PHS Act (Public Law 78–410 as amended), for a total program level for NIH of \$48,701,000,000.

As in previous years, the Committee has targeted NIH funding in areas of promise of scientific advancement and urgency, while allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs. The Committee increases support for cancer research by \$150,000,000, provides an increase of \$100,000,000 for Alzheimer’s Disease/Alzheimer’s Disease-Related Dementias [AD/ADRD] research, provides an increase of \$25,000,000 for expanded access grants authorized by the Accelerating Access to Critical Therapies for ALS Act (Public Law 117–79), increases support for Antiviral Drug Discovery Centers [AViDDs] by \$20,000,000, increases support for the BRAIN Initiative by \$12,000,000, increases support for Lyme disease research by \$10,000,000, increases support for diabetes research by \$10,000,000, provides a \$10,000,000 increase for rare disease research, increases support for the Undiagnosed Diseases Network [UDN] by \$9,000,000, and provides \$5,000,000 for implementation of the Dr. Emmanuel Bilirakis and Honorable Jennifer Wexton National Plan to End Parkinson’s Act (Public Law 118–66). The bill also includes an increase of \$20,000,000 for the Implementing a Maternal health and Pregnancy Outcomes Vision for Everyone [IMPROVE Initiative] to combat recent alarming rates of maternal mortality, and an increase of \$30,000,000 for the Office of Research on Women’s Health [ORWH], of which \$10,000,000 is provided for the Building Interdisciplinary Research Careers in Women’s Health [BIRCWH] program. Finally, the bill provides \$1,500,000,000 for the Advanced Research Projects Agency for Health [ARPA–H].

The Committee directs NIH to include updates on the following research, projects, and programs in the fiscal year 2027 Congressional Justification [CJ]: Alzheimer’s Disease/Alzheimer’s Disease-Related Dementias [AD/ADRD] research; Childhood Post-Infectious Neuroimmune Disorders/PANS/PANDAS; Common Fund projects; future goals for each of the deadliest cancers-brain, liver (including cholangiocarcinoma), lung, ovary, pancreas, and stomach and esophageal cancers; efforts to determine a uniform definition of severe maternal morbidity; efforts to expand research and representation opportunities for Colleges of Osteopathic Medicine; efforts to invest in food is medicine research; Made in America research equipment; NCBI’s efforts to establish data and database standards for epitranscriptomics; NCI’s Virtual Clinical Trials Office; NCI’s efforts related to promoting cancer research among rural populations; neuroblastoma; newly approved cell and gene therapies; NHLBI and NIMHD’s efforts to advance lung health disparities research; NHLBI’s efforts to leverage Congenital Heart Disease [CHD] registries and networks to close research gaps; NIA, NICHD, NHGRI, NIAAA and NIDA’s efforts to address suicide prevention research; NIEHS’s efforts to continue researching indoor pollutants; progress in early detection research and ongoing efforts to leverage NCI’s clinical trials; Pulmonary Fibrosis [PF]; Rapid Acceleration of Diagnostics Tech program; skin cancer screening evidence gaps; specific actions NIH will take to identify and remove barriers for applying for training grants in IDeA States; updates on research, projects, and programs for celiac disease; Usher syn-

drome; Women's Reproductive Health Research [WRHR] Program and Research Scientist Development Program [RSDP].

#### NATIONAL CANCER INSTITUTE

Appropriations, 2025 .....	\$7,224,159,000
Committee recommendation .....	7,374,159,000

The Committee recommendation includes \$7,374,159,000, an increase of \$150,000,000, for the National Cancer Institute [NCI]. Of this amount, \$30,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

*Advancing Cancer Immunotherapy.*—The Committee encourages NIH to continue to support research to advance double-loaded dendritic cell immunotherapy.

*Biliary Tract Cancers.*—The Committee strongly encourages NIH to support research to develop novel treatment strategies in biliary tract cancers, and for basic and translational research as well as clinical trials in liver cancers, as both are needed to improve state-of-the-art cancer immunotherapy. The Committee strongly supports research on novel cancer vaccines and immunotherapies. Targeting recurrent cancer neoantigens in BTC with novel cancer treatment vaccine in combination with other drugs that work on the human immune system could move the treatment paradigm in BTC forward and enable combinatorial immunotherapy trials, including adoptive cell therapies for future combinatorial immunotherapy trials, including adoptive cell therapies, in this lethal disease.

*Cancer Care Support for Rural Communities.*—Rural areas with limited access to healthcare services often have a high prevalence of chronic disease and other factors that contribute to increased levels of cancer mortality. These areas also typically have low health literacy, poor cancer screening rates and a dearth of specialty services. The Committee encourages NCI to work with relevant stakeholders, such as academic medical centers, rural hospitals, clinics, and other community partners to determine how best to direct evidence-based outreach to areas most impacted by cancer mortality.

*Cancer Immunotherapy and Artificial Intelligence [AI].*—The Committee recognizes that targeting a tumor's immune microenvironment represents an exciting new approach to preventing the tumor from growing and spreading, especially for the class of treatments known as immunotherapies. Recent technological advances in AI, imaging and pathology offer encouraging options for accelerating research into how to target a patient's immune system against the tumor, but much more work in this area is needed. Therefore, the Committee encourages NCI to prioritize research on novel technologies that can help investigators better understand complex interactions between tumors and the immune system.

*Childhood Cancer Data Initiative [CCDI].*—The Committee includes no less than \$50,000,000 for the CCDI, including to support continued enhancement of the CCDI Molecular Characterization Initiative.

*Childhood Cancer STAR Act.*—The Committee includes \$28,000,000, for continued implementation of the Childhood Cancer Survivorship, Treatment, Access, and Research [STAR] Act (Public Law 115–180 and 117–350) to support existing biorepositories for

childhood cancer patients enrolled in NCI-sponsored clinical trials to collect and maintain relevant clinical, biological, and demographic information on all children, adolescents, and young adults with cancer. The Committee has included funding to carry out childhood cancer survivorship research and programs as authorized in the STAR Act, such as supporting research to inform best practices for the treatment of late effects of childhood cancers, research to improve collaboration among providers so that doctors are better able to care for this population as they age, and research to inform innovative models of care for childhood cancer survivors.

*Deadliest Cancers.*—The Recalcitrant Cancer Research Act [RCRA] of 2012 (Public Law 112–239) focuses on cancers with a 5-year survival rate below 50 percent, which account for over 40 percent of all U.S. cancer deaths. While advances in some cancers have made it possible to reduce the overall rate of cancer deaths over the last several decades, there has been limited progress reducing mortality for these diseases. In fiscal year 2020 (Public Law 116–94), Congress directed NCI to develop a scientific framework using the process outlined in the RCRA for stomach and esophageal cancers. The Committee commends NCI for developing the framework and notes that NCI has also launched a Program in Origins of Gastroesophageal Cancers. Given the devastating toll of all recalcitrant cancers and the lack of diagnostic and treatment resources currently available, the Committee, alongside the research and advocacy communities, encourages a continued focus on these cancers and requests an update on research on each of the deadliest cancers—brain, liver (including cholangiocarcinoma), lung, ovary, pancreas, and stomach and esophageal cancers in the fiscal year 2027 CJ. Further, given the high mortality rates for these cancers, the Committee is particularly concerned about reports of increased incidence of esophageal, liver, pancreas, and stomach cancer among the adolescent and young adult population and directs NCI to develop a plan with specific actions to understand the causes and risk factors that are leading to these increases as well as potential interventions.

*HPV Screening, Syphilis Screening, and Self-Collection.*—The Committee recognizes the impact and potential of the Last Mile Initiative and applauds innovative efforts, such as the emerging network to study noninvasive self-collection and self-diagnostic opportunities for HPV testing. The Committee notes similar opportunities in syphilis and general opportunities to better adopt point-of-care self-diagnostics in precision medicine and connected healthcare. NCI is encouraged to continue working with a variety of stakeholders and to continue studying various approaches to sustain scientific progress.

*Improving Native American Cancer Outcomes.*—The Committee urges NCI to continue to coordinate with the National Institute on Minority Health and Health Disparities [NIMHD] on the Initiative for Improving Native American Cancer outcomes to support efforts, including research, education, outreach, and clinical access related to cancer in Native American populations.

*Kidney Cancer.*—Kidney cancer is an insidious disease that most often has no signs or symptoms in early stages. It has not been responsive to “traditional” cancer interventions such as chemo-

therapy and radiation, and the biology has historically been poorly understood. As a result, it is often the case that once diagnosed, metastatic disease is present, leading to the low 5-year survival rate of 18 percent. The Committee encourages NCI to establish a multi-institute working group that meets annually and incorporates involvement from NIDDK, NIBIB, NCATS, and other appropriate Institutes and Centers. This working group should develop a multi-year strategy for improving early detection and significantly lowering the mortality rate for kidney cancer patients.

*Liver Cancer.*—The Committee applauds NCI for seeking input on how best to address the need to prioritize early detection, screening, and prevention sciences for primary liver cancer. Primary liver cancer has a dismal 5-year survival rate of only 22 percent, is the third most common cause of cancer death in the United States, and unlike most cancers the rate of liver cancer mortality continues to increase. Action to improve early detection and reduce liver cancer mortality is urgently needed, as mortality rates have not meaningfully improved in over a decade. The Committee urges NCI to continue expanding the use of Program Projects, Cooperative Research and Broad Agency Announcements, and other contract mechanisms to achieve the goals of strategic plans.

*Metastatic Prostate Cancer Research.*—The Committee recognizes that metastatic prostate cancer remains highly lethal, with limited treatment options following relapse. Despite urgent need for innovative therapies, access to investigational treatments, including early phase clinical trials, remains a significant challenge, given the advanced age of many patients, multiple comorbidities, and mobility limitations. The Committee urges NCI to prioritize funding for research that expands access to early phase clinical trials for metastatic prostate cancer, particularly in community-based settings, to ensure that patients—especially those at the highest risk of mortality—have the opportunity to benefit from novel therapeutic developments.

*Natural Products Research.*—Research shows that derivatives from natural products have been an important source of clinically useful anti-cancer agents, yet not enough evidence-based research has been done to strategically identify those compounds that could provide potential benefits in cancer treatment. The Committee encourages NCI to continue to support research into whether and how natural products could be beneficial to cancer patients in reducing the toxicity of therapy or by enhancing therapeutic efficacy as a primary or adjunctive therapy. The Committee encourages NCI to continue to fund research to evaluate the potential value of natural products in reducing adverse effects of cancer therapy and in enhancing therapeutic efficacy through basic, translational and clinical trials research. NCI is encouraged to seek applicants that have a demonstrated expertise in natural products research, are capable of conducting a holistic review of drugs and disease states utilizing NCI's annotated inventory of natural products, and that are able to test the safety and efficacy of natural products in communities experiencing high rates of healthcare disparities in access to cancer care.

*Neuroblastoma.*—The Committee commends NCI for its support of neuroblastoma research and recognizes the many complex chal-

allenges presented by this deadly pediatric cancer. The Committee encourages NCI to continue investments in this area and requests an update in the fiscal year 2027 CJ on efforts to improve outcomes for CNS relapse patients.

*Optimal Timing and Sequencing of Cancer Immunotherapy.*—The Committee recognizes that cancer immunotherapy is improving outcomes for an increasing number of cancer patients, especially those for whom other treatments were ineffective. New research suggests that more patients might benefit if immunotherapy were used earlier in the course of their cancer, or to prevent and intercept cancers before they start. The Committee urges NCI to continue to support research focused on assessing the optimal timing for the use of cancer immunotherapy in individual patients. Examples of such research include studying the effectiveness of cancer immunotherapy in premalignant conditions, early-stage cancer, and as a neoadjuvant therapy, prior to additional treatment such as surgery, radiation or chemotherapy.

*Pancreatic Cancer.*—Pancreatic cancer will be second only to lung cancer as the leading cause of cancer-related deaths in the United States before 2030. Despite decades of effort, survival remains the lowest of all the major cancers and is particularly dismal for Black Americans. It is critical that NCI continue its efforts to support early detection and clinical research that focuses on pancreatic cancer. The Committee remains concerned about the lack of early detection approaches for pancreatic cancer, and the need to ensure diverse enrollment in cancer clinical trials, including pancreatic cancer trials. The Committee urges the NCI to convene stakeholders—including scientists, clinicians, and diverse patient representatives—to strategically reconsider current approaches and redesign both an effective early detection platform and a diversity plan for clinical trials that will benefit all pancreatic cancer patients and provide a global model for effective change in the trajectory of a deadly cancer. The Committee requests an update in the fiscal year 2027 CJ regarding progress in early detection research and ongoing efforts to leverage NCI's clinical trials networks to advance progress for all people experiencing a pancreatic cancer diagnosis.

*Patient Access to Clinical Trials.*—The Committee recognizes that local healthcare provider and patient access to clinical trials is critical for improving equitable access to research and novel therapies; diversifying the population participating in research; ensuring the safety and efficacy of new drugs; and accelerating the dissemination and implementation of findings and the adoption of newly approved therapies. However, access to trials remains out of reach for many patients and local oncology providers, particularly those in rural areas and/or at practice sites and hospitals without dedicated research resources and infrastructure. Leveraging technology can improve efficiencies of trial start-up, administration, and communications. A virtual research team who provides centralized research expertise and resources can ultimately support local provider participation in clinical trials by alleviating the need for specialized personnel onsite. The NCI's recently launched Virtual Clinical Trials Office pilot study provides virtual research personnel to NCI-funded trials conducted at participating NCI-designated cancer centers and NCI Community Oncology Research Program sites.

The Committee encourages the use of telehealth and expansion of the clinical trial-related remote services provided by this office. The Committee requests an update on the Virtual Clinical Trials Office in the fiscal year 2027 CJ, including demonstrating if there were increases in local provider and/or patient participation in clinical trials, especially from rural areas, and challenges and successes in prescreening/screening of potential trial candidates, obtaining informed consents, data abstraction, building protocol-specific treatment plans, and maintaining a repository for quick adoption into the local sites.

*Pediatric Rare Cancer Therapeutic Development.*—Recognizing that effective treatments for many types of childhood cancer do not exist yet, the Committee encourages NIH to continue to examine novel systems for identifying how rare cancers develop and progress, and to continue supporting and accelerating the development and evaluation of life-saving therapeutics for pediatric cancer patients.

*Rural NCI Designation.*—The Committee encourages NCI to review its criteria for awarding Cancer Center Support Grants [CCSGs] to include considerations for Cancer Centers that are primarily providing care to rural patients, conducting cancer research with rural populations, or otherwise are focused on cancer in rural America. While recognizing the role that Cancer Centers play in providing patient care, the Committee also commends the vital work underway at community cancer clinics across the country and NCI's efforts to support them, including through the NCI Community Oncology Research Program [NCORP] and the recently created Working Group in Support of Efforts to Enhance Community Cancer Research and Quality Care. The Committee requests an update in the fiscal year 2027 CJ on NCI's efforts related to promoting cancer research among rural populations.

*Skin Cancer Screening Evidence Gaps.*—The Committee urges NIH to continue to support research in the areas outlined in the Research Needs and Gaps Section from the U.S. Preventive Services Task Force [USPSTF] 2023 Skin Cancer Screening Recommendation Statement. This will ensure that the Task Force has the necessary evidence to create the strongest evidence-based recommendations and further reduce skin cancer morbidity and mortality, especially among those with the greatest burden of disease. The Committee encourages that these efforts should continue to prioritize the inclusion of all racial and ethnic groups to investigate whether the effectiveness of screening, diagnosis, and treatment vary by group. The Committee requests an update on this effort in the fiscal year 2027 CJ. The Task Force's 2023 Skin Cancer Recommendation Statement identifies several critical research gaps that restrict the Task Force from making evidence-based recommendations that address multiple important areas. For example, the Task Force notes that research is needed to better understand: the effects of screening on morbidity and mortality or early detection of skin cancer, particularly melanoma; skin cancer presentations in a variety of skin tones; morbidity and mortality outcomes reflective of the U.S. population; the effectiveness of screening in a range of primary care settings that reflect the variation in access to care in the United States; the effectiveness of screening for re-

ducing morbidity and mortality of acral lentiginous melanoma; and effective risk assessment tools to identify high risk individuals who would benefit from skin cancer screening. Melanoma is a unique and major threat to our military community as it was one of the most frequent diagnoses among male service members and the second most frequent cancer diagnosis among female service members in a 10-year surveillance period. The overall incidence rate of melanoma in active-duty military personnel between 2000 and 2007 was 62 percent greater than among the general populace during the same period. Disparities are also prevalent among rural populations who lack access to healthcare providers, which often results in delayed and late-stage diagnoses compared to patients residing in urban settings.

*Theranostics.*—Theranostics is a nuclear medicine technique that combines diagnostic imaging and targeted radiopharmaceutical therapies to precisely identify and treat diseases like cancer. This cutting-edge technology uses diagnostic imaging to identify and target cancer cells; if such cells are present, radiopharmaceutical therapies are injected intravenously and bind to the targeted cancer cells to deliver localized doses of radiation to the tumor. Theranostics are an innovative, precision medicine technique that allows for personalized treatment of cancers—such as thyroid cancer, prostate cancer, and neuroendocrine tumors—while sparing healthy tissue around the tumor. Theranostics show huge potential to advance the battle against cancer; a disease that remains a formidable challenge in medicine and has claimed a significant number of lives nationwide. The Committee encourages NCI to support research that utilizes and promotes theranostics, where appropriate, to provide early, accurate, and effective cancer diagnosis and treatment.

#### NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2025 .....	\$3,982,345,000
Committee recommendation .....	3,982,345,000

The Committee recommendation includes \$3,982,345,000 for the National Heart, Lung, and Blood Institute [NHLBI].

*Cardiomyopathy Research.*—The Committee encourages NHLBI to support cardiomyopathy research including research regarding the causation of cardiomyopathy, including genetic causes and molecular biomarkers, long-term health outcomes in individuals with cardiomyopathy, including infants, children, teenagers, adults, and elderly individuals, and facilitate studies using longitudinal data and retrospective analysis to identify effective treatments and outcomes for individuals with cardiomyopathy.

*Cardiovascular Disease [CVD].*—The Committee continues to recognize that CVD, including heart disease, stroke, and hypertension, is the leading cause of death in the United States and worldwide. The Committee provides robust funding to NHLBI to continue to address these issues, and to prioritize funding opportunities that reduce CVD among the hardest-hit geographic areas, such as the Southern United States.

*Chronic Obstructive Pulmonary Disease [COPD].*—Among chronic diseases in the United States in 2022, COPD is the 6th leading cause of death. Over 16 million Americans have been diagnosed



with COPD and it is estimated that a similar number are undiagnosed and not receiving appropriate treatment. NIH reports that COPD research funding ranked 182nd in 2023. There is an urgent need for innovative treatments that can effectively slow the progression and mitigate the lung tissue damage caused by COPD. Most COPD research and therapy development has focused on later stages of disease when substantial loss of lung function and damage to lung tissue have already occurred, does not address the underlying causes, and has little opportunity to impact disease progression. Additionally, there is a need for greater acceptance of clinical outcome measures that assess what really matters most to COPD patients in order to support development of more effective therapies. While NHLBI supports basic and translational research in COPD, there is currently limited funding provided for observational and treatment clinical trials, including drug repurposing studies, that can advance new outcome measures and identify disease targets for earlier treatment. The Committee encourages NHLBI to increase support for these research areas and to collaborate with the FDA on patient-centered, novel clinical outcome measures that support COPD therapy development.

*Congenital Heart Disease [CHD].*—The Committee commends NHLBI for its continued work to better understand causation, improve treatments and outcomes, support the growth of the clinical and research workforce, and integrate registry data and research datasets to facilitate research on congenital heart disease across the lifespan, including through the Pediatric Heart Network and the Pediatric Cardiac Genomics Consortium. The Committee encourages NHLBI to prioritize CHD activities outlined in its strategic plan, including improving understanding of outcomes and comorbidities, improving treatment options across the lifespan, and accelerating discovery, analysis, and translation by leveraging CHD registries and networks. The Committee requests NHLBI include in its fiscal year 2027 CJ a report on steps being taken to close these research gaps.

*COVID-19 Associated Illnesses.*—The Committee recognizes the growing burden of COVID-19 associated critical illnesses and recovery, especially in adults with acute respiratory distress syndrome [ARDS], pneumonia, and/or sepsis. The Committee encourages NHLBI, in partnership with the National Institute of General Medical Sciences, to explore facilitating research support through ancillary studies enabled by the ARDS, Pneumonia, and Sepsis Phenotyping [APS] Consortium.

*Duchenne and Becker Muscular Dystrophy.*—In light of improvements in care leading to patients living into their third decade, the leading cause of death in DMD patients is heart failure. The Committee encourages NHLBI to support research that characterizes fibro-fatty replacement of cardiomyocytes in DMD/BMD. The Committee encourages NHLBI to explore convening a workshop with research, clinical, and patient organization leaders to work towards establishing viable cardiac outcome measures for the development of therapeutic agents to delay or treat heart disease in individuals diagnosed with Duchenne. There is growing evidence to support that select individuals with DMD/BMD would benefit from ventricular assist device placement or heart transplant. The Committee

encourages NHLBI to support research to further develop criteria for identifying patients who may benefit from such strategies.

*Lung Health Disparities.*—The Committee is concerned about the disproportionate impact of lung conditions, such as asthma, COPD, and lung cancer on populations experiencing health disparities, and encourages NHLBI to work with NIMHD to advance research in this area. The Committee requests an update from both NHLBI and NIMHD in the fiscal year 2027 CJ.

*Lung Health Research.*—Chronic lung diseases are among the leading causes of death and chronic illness in the United States including the over 15 million Americans diagnosed with chronic obstructive pulmonary disease [COPD] and related lung diseases. Most chronic lung disease research to date has focused on later stages of disease when substantial loss of lung function and damage to lung tissue have already occurred. There is a need for treatments that when applied early in the course of disease can more effectively slow the progression and mitigate the lung tissue damage caused by chronic lung diseases. NHLBI supports a wide array of basic and translational research in these conditions. Increased research is needed to improve our understanding of early disease to identify appropriate targets to modulate disease progression before the irreversible tissue damage has occurred. NHLBI-funded studies such as the COPDGene, SPIROMICS and LungMAP are critical to this objective and have already provided significant insight to begin to understand the biology of early disease. The Committee encourages NHLBI to increase support for these and other early disease research in chronic lung disease.

*National Center on Sleep Disorders Research [NCSDR].*—The Committee recognizes NCSDR for facilitating and coordinating effective sleep health and sleep disorders research across NIH and HHS. The Committee notes that recent scientific progress along with improvements in care and therapy are often not reaching the individuals that could most often benefit from them as time to diagnosis for many conditions is measured in years if not decades. NCSDR is encouraged to work with stakeholders across HHS to better translate research finding, raise awareness of breakthroughs and opportunities, and support public health efforts to link patients to care.

*National Commission on Lymphatic Diseases.*—The Committee is pleased with the continued progress of the National Commission on Lymphatic Diseases. The Committee continues to encourage engagement with relevant stakeholders and other Institutes and Centers on key priorities and topic areas of need as the Commission finalizes its comprehensive report on the state of Lymphatic Diseases.

*Pulmonary Fibrosis [PF].*—The Committee applauds NHLBI for its growing commitment to groundbreaking research into PF, a family of chronic diseases affecting more than 250,000 Americans and taking the lives of roughly 40,000 annually. Yet there remains no cure and life expectancy is only 3–4 years for many patients. The Committee encourages NHLBI to sharpen its focus on identifying new paths to improved treatments and creating innovative ways to support early career investigators so that the pipeline for PF research will continue to strengthen, thereby providing renewed

hope to patients and families facing these serious diseases. The Committee requests an update on these activities in the fiscal year 2027 CJ.

*Rare Blood Disorders.*—The Committee recognizes NHLBI for its leadership of the Division of Blood Diseases and Resources, and appreciates efforts to advance science in the rare blood disorders portfolio. NHLBI is encouraged to sustain progress in this area and to engage in emerging opportunities for community and cross-agency collaboration with CDC and HRSA to coordinate research and further improve care in immune thrombocytopenia [ITP], hemophelia, sickle cell disease, warm autoimmune hemolytic anemia [wAIHA], and other acquired and inherited blood disorders.

*RECOVER Initiative.*—The Committee notes with concern that the multi-organ syndrome known as Long COVID has emerged as a serious health condition that can cause socioeconomic burdens, and long-term pulmonary complications represent an important component of Long COVID. The Committee urges NHLBI, in its co-leading of the RECOVER Initiative, to continue to prioritize research into the understanding, treatment and prevention of post-COVID respiratory and cardiovascular conditions in adults and children, particularly among populations disproportionately impacted by COVID-19.

*Wildland Fire Smoke.*—The Committee recognizes that exposure to smoke from wildfires is an occurrence that is impacting more Americans. The Committee is concerned that public health experts do not yet fully understand the risk posed by exposure to wildland fire smoke—particularly acute and chronic smoke exposure to patients with existing pulmonary and cardiac disease. The Committee encourages NHLBI to support research to understand the risk smoke exposure has for patients with underlying health conditions and any interventions that can be implemented to mitigate adverse health effects.

#### NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2025 .....	\$520,163,000
Committee recommendation .....	520,163,000

The Committee recommendation includes \$520,163,000 for the National Institute of Dental and Craniofacial Research [NIDCR]. NIDCR is the largest institution in the world exclusively dedicated to researching ways to improve dental, oral, and craniofacial health for all. It has funded research leading to improvements in oral health for millions of Americans with investments in pain biology and management, reducing opioid use, temporomandibular disorders, regenerative medicine, and in developing early diagnostics and treatments for oral and pharyngeal cancers.

*Advancing Head and Neck Cancer Early Detection Research [AHEAD].*—The Committee commends NIDCR for establishing AHEAD to accelerate translational and clinical research on the early detection of head and neck cancers [HNC]. The initiative aims to increase scientific knowledge of the molecular characteristics of dysplastic tissue lesions, which are the predominant precursor for HNCs. The Committee encourages NIDCR to support research to utilize data from The Cancer Genome Atlas [TCGA] and other genomic and proteomic projects to help match tumor defects

with patient clinical outcomes, which could lead to tailored biomarker identification for early diagnosis and treatment.

*Oral Care Interventions.*—The Committee reaffirms that dental care is integral to the medical management of numerous diseases and medical conditions and that the lack of medically necessary oral healthcare heightens the risk of costly medical complications. The Committee appreciates NIH’s support for research that has demonstrated that dental care is closely linked to and crucial to the clinical success of other covered medical services. The Committee urges NIH to fund additional research in this area and conduct trials to determine which oral care interventions are most effective for reducing the prevalence and improving the medical management of malignant oral cancers and chronic diseases, preventing pneumonia in hospitals, and lowering hospitalization and emergency department admission rates for oral diseases and conditions.

*Temporomandibular Disorders [TMD].*—The Committee commends NIDCR for developing the TMD Collaborative for Improving Patient-Centered Translational Research [TMD IMPACT]. The timely implementation of the TMD IMPACT Collaborative into a national consortium is essential. The Committee is pleased NIDCR has funded nine TMD IMPACT groups. The Committee encourages NIDCR to maintain a patient-centered approach in the implementation of this Collaborative by including patients and advocacy organizations in this next phase of the project. The Committee is encouraged to see that NIDCR has added collaborators including the FDA, NIAMS, NIBIB, NINDS, NCCIH, OBSSR, and ORWH. NIDCR should encourage other Agencies and Institutes, Centers, and Offices within NIH with appropriate scientific expertise to participate in and support this project. Given the complexity of TMDs, interdisciplinary expertise is essential, particularly in addressing comorbidities and chronic pain conditions. The Committee directs NIH to provide an update within 120 days on the progress to implement the next phase of this important initiative including the recruitment of other NIH Institutes as partners. The Committee urges NIDCR to enhance the centralized resources of the two TMD national programs [TMD IMPACT] to advance interdisciplinary care, disseminate best practices, refine clinical guidelines, and integrate research into precision care for TMD patients. Finally, the Committee acknowledges NIDCR’s participation and support of the National Academies of Sciences, Engineering, and Medicine Report on TMDs and urges continued engagement to advance a scientific understanding and improve patient care.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY  
DISEASES

Appropriations, 2025 .....	\$2,310,721,000
Committee recommendation .....	2,320,721,000

The Committee recommendation includes \$2,320,721,000, an increase of \$10,000,000, for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK].

*Diabetes.*—The Committee provides an increase of \$10,000,000 and commends the efforts of NIDDK to prioritize the discovery and validation of biomarkers and urges NIDDK to continue to prioritize this important work that will accelerate the designing and con-

ducting of clinical trials to prevent, treat, and cure type 1 diabetes. The Committee urges NIDDK to work with the National Institute on Aging to explore the relationship between diabetes and neurocognitive conditions, such as dementia and Alzheimer's disease. Further, the Committee encourages NIDDK to expand research into metabolic interventions for diabetes and its associated comorbidities, including obesity and cardiovascular disease, with particular attention to nutritional and other innovative management strategies as potential therapeutic approaches. This includes support for large-scale clinical trials aimed at identifying predictive biological and metabolic biomarkers, optimizing patient stratification, and developing best practice clinical guidelines. Research should employ multimodal data collection, including imaging, genetics, and cellular biology, to advance understanding of the underlying mechanisms of metabolic dysfunction and inform personalized, metabolism-based treatment and prevention strategies.

*Diabetic Eye Disease.*—The Committee notes the connection between diabetes and eye health. The Committee encourages NIDDK to engage with relevant Institutes and Centers and stakeholders to identify collaborative opportunities to improve research and community-level intervention activities in diabetic eye disease.

*Hepatitis B.*—The Committee applauds NIDDK efforts to create common resource services and materials for the research community and urges continued focus on clinical networks, databank development and precision medicine approaches. The Committee further urges the development of experimental animal and cell culture models to help advance cure research against the widest possible set of therapeutic targets and research focused on understanding the virology and immunology of people with low levels of HBsAg, a protein on the surface of the hepatitis B virus—as this category of people are more responsive to therapy. The Committee is aware of the view within the scientific community that finding a cure for hepatitis B, as has been achieved for hepatitis C, is a winnable goal and is within reach in the near term. For these reasons, the Committee urges that research, based on the needs as identified in the updated Strategic Plan for Trans-NIH Research to Cure Hepatitis B, be funded by NIH in fiscal year 2026 and beyond.

*Kidney Transplant Disparities.*—The Committee appreciates NIDDK's ongoing work on kidney disease research, particularly on disparities in the prevention, diagnosis, and treatment of kidney diseases through new studies to address disparities in kidney transplant care. The Committee reaffirms the importance of reducing health disparities and urges NIDDK to support health disparities research to improve kidney transplant care.

*Nutrition Science and Addressing Chronic Diseases.*—The Committee recognizes NIDDK for its leadership advancing nutrition science particularly as it relates to a variety of chronic conditions. Further, the Committee appreciates that the benefit and impact of further scientific advancements goes beyond digestive and metabolic conditions and encourages cross-cutting collaborative research efforts in nutrition science and chronic diseases with relevant NIH Institutes and Centers in support of ongoing and emerging efforts, many of which are coordinated by ONR at the Office of the Direc-

tor, including the concept for Food is Medicine Networks or Centers of Excellence.

#### NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2025 .....	\$2,603,925,000
Committee recommendation .....	2,773,925,000

The Committee recommendation includes \$2,773,925,000, for the National Institute of Neurological Disorders and Stroke [NINDS]. This amount includes a \$50,000,000 increase for NINDS' Alzheimer's Disease and Related Dementias [ADRD] research. This amount also includes \$100,000,000, a \$25,000,000 increase, for Accelerating Access to Critical Therapies [ACT] for ALS Act (Public Law 117–79) research funded by NINDS which was previously provided to the Office of the Director. Finally, the amount includes \$69,890,000, \$6,000,000 increase, for the BRAIN Initiative.

*Amyotrophic Lateral Sclerosis [ALS] Research.*—The Committee commends NINDS for its leadership in the NIH ALS Strategic Planning Working Group and development of the 2023 priorities for ALS research focused on more effective diagnosis, prevention, treatment, and a cure. The Committee provides an increase of \$25,000,000 to support these efforts, and urges NINDS to use this funding to bolster ALS clinical trials, therapies, targeted therapies, and treatments.

*Alzheimer's Disease and Alzheimer's Disease-Related Dementias [AD/ADRD].*—The Committee includes an increase of \$100,000,000 across NIH for AD/ADRD research, including an increase of \$50,000,000 in NINDS and \$50,000,000 in NIA.

*Angelman Syndrome [AS].*—The Committee understands that NINDS is convening research leaders, patient organizations, and other stakeholders to prepare a roadmap for clinical outcomes measures and biomarkers for AS, a rare neurogenetic disorder. As a part of and following this convening, NINDS is urged to support funding for clinical outcome measures and biomarker development, determine more efficient pathways for developing and manufacturing novel gene therapies for neurodevelopmental diseases, and inform the next generation of clinical studies that should be pursued based on approved biomarkers. NIH should ensure timely and comprehensive data-sharing across investigators and industry in order to advance these goals. NINDS shall provide a report to the Committees on this initiative within 1 year of enactment.

*Brain Aneurysms.*—The Committee remains concerned that an estimated 1 out of every 50 individuals in the United States has a brain aneurysm and an estimated 30,000 Americans suffer a brain aneurysm rupture each year, with little or no warning. Ruptured brain aneurysms are fatal in about 50 percent of cases. Despite the widespread prevalence of this condition and the high societal cost it imposes on our Nation, the Federal Government only spends approximately \$2.08 per year on brain aneurysm research for each person afflicted with a brain aneurysm. The Committee encourages NINDS to increase its support for research focused on prevention and early detection of brain aneurysms.

*Creutzfeldt-Jakob Disease [CJD].*—The Committee commends the NAPA Advisory Council report from 2023 that acknowledges the scientific connection between prion diseases and ADRDs, and the

2024 Update that specifically mentioned CJD, and continues to encourage NIH to recognize prion diseases as ADRDs and fund more research for prion diseases, like CJD. ADRDs have already benefited from prion disease research, and further integration of the fields could lead to beneficial new treatments and improve scientific understanding of these devastating diseases.

*Frontotemporal Degeneration [FTD].*—The Committee encourages NIH to continue to support research to identify and validate biomarkers for FTD and other neurodegenerative diseases among racially and ethnically diverse cohorts. Easily accessible biomarkers to accurately detect and measure disease will facilitate greater access to diagnosis and promote participation in research on all forms of dementia. Natural history studies like ALLFTD facilitate biomarker discovery and enable the design of clinical trials to test innovative treatments. Equally critical is the development of a data biosphere that enhances secure sharing of clinical and research data and biological samples for FTD. Broad sharing of datasets will enable the larger community of researchers to bring their expertise to bear on the challenge of treating and preventing FTD and other ADRDs. The Committee also encourages NIH to find ways to support more effective communication across researchers, and between clinical science and broader society, to ensure that the research advances driven by NIH can have maximum effect on improving health. FTD is rare and tends to occur at a younger age than other forms of dementia. This creates additional challenges for clinical trials and research. To overcome these challenges as well as recruitment and retention issues, the Committee urges NIH to fund investigators who reflect the broad variety of study populations who can ensure culturally appropriate research is being conducted as well as develop innovative clinical trial designs that recruit diverse populations so that potential therapies can be tested more efficiently and effectively.

*Improving Diagnostic Testing for Neurodegenerative Diseases.*—The Committee supports HHS efforts to prevent and effectively treat neurodegenerative diseases, including Parkinson’s disease, Lewy body dementia, and other related disorders. The Committee also recognizes that early detection is imperative to improving health outcomes and patient quality of life by delaying or halting the progression of such diseases. To improve the ability of healthcare providers to diagnose and treat neurodegenerative diseases at an earlier onset, the Committee encourages NINDS to work with healthcare-related entities, manufacturers, and developers, as appropriate, to promote the awareness and research of novel diagnostic testing, including tests that detect and visualize protein markers using skin and other accessible tissues, for neurodegenerative diseases. The Committee also encourages NINDS to collaborate with appropriate stakeholders, including CMS, to improve access to such novel diagnostic tests for neurodegenerative diseases by evaluating current Medicare and Medicaid coverage to determine if such coverage is adequate.

*Myalgic Encephalomyelitis/Chronic Fatigue Syndrome [ME/CFS] Research Roadmap.*—The Committee recognizes the urgent need to advance research for ME/CFS, especially given its overlap with Long COVID and relevance across multiple ICs and com-

mends NIH for approving the ME/CFS Research Roadmap. The Committee encourages NIH to implement the roadmap's recommendations, including advancing biomarker discovery, diagnostic tool development, and clinical trials. NIH is further directed to provide a detailed implementation plan to the Committee within 180 days of enactment.

*Multiple System Atrophy [MSA].*—The Committee notes the connection between MSA and Parkinson's Disease and the potential for advancements in research that impact both communities. The Committee notes the lack of treatment options and the lengthy time to diagnosis MSA and encourages NINDS to work with community stakeholders to implement the National Plan to End Parkinson's.

*National Parkinson's Project.*—The Committee includes \$5,000,000 for NIH to continue the implementation of the National Parkinson's Project, as created by the Dr. Emmanuel Bilirakis and Honorable Jennifer Wexton National Plan to End Parkinson's Act (Public Law 118–66). Within 90 days of enactment of this act, NIH shall provide a briefing describing planned next steps the agency will take to implement the act.

*Opioids, Stimulants, and Pain Management.*—The Committee provides no less than \$285,295,000 in NINDS for the HEAL Initiative. The Committee encourages NINDS to continue its efforts through the HEAL Initiative, with a focus on grant opportunities to support research and education for effective and non-addictive pain management to improve outcomes for people with pain in diverse settings across the United States.

*Pediatric-Onset Epilepsies Network.*—The Committee is aware of the enormous economic cost and toll in human suffering resulting from epilepsies and considers research in this area a high priority. There are approximately 470,000 children currently living with epilepsy, as well as three million adults, many of whom were diagnosed as children. Creating an infrastructure with a goal of understanding pediatric epilepsies diagnoses by cause and coordinating research across institutions may increase the potential for scientific progress in the era of precision medicine. This network could include efforts to unite key assets and support a collaborative, multidisciplinary research model to enroll patients from many settings to accelerate therapy development and expedite translation of research findings into standard clinical care. Therefore, the Committee urges NINDS, in collaboration with the epilepsies stakeholder community and the Curing the Epilepsies conference, to establish the Pediatric-Onset Epilepsies Network. Such a network could enable cooperative research studies, accelerate the development of knowledge about epilepsies, and rapidly advance therapeutic options, including genetic therapies, and their implementation to improve treatments and healthcare outcomes. The Committee directs the NIH Director to provide a report on key findings and planned actions within 1 year of enactment and annually thereafter.

*Preventive and Early-Treatment Cognitive and Brain Health Research.*—The Committee encourages NIH to give greater attention to the study of the pre-symptomatic or preclinical stages of neurological disorders, that is, alterations in cognitive and brain health



before the first clinical symptoms of neurological disease when persons typically encounter medical professionals. Learning what happens during these stages may guide the development of measures for detection and monitoring earlier in the course of disease, including sensitive neuropsychological measure and biomarkers, which could improve early interventions development and testing for neurological disease before it becomes disabling and, ultimately, prevent diseases like Alzheimer's disease, Parkinson's disease, multiple sclerosis, stroke, and epilepsy. Mounting evidence suggests that significant pathologies have already accumulated by the time symptoms appear and early, pre-symptomatic intervention may improve outcomes and may reduce the costs that neurological disease pose on our health system. Additionally, the Committee supports NIH and relevant agencies research on emerging non-toxic approaches to the treatment of related neurological disorders, including elovanoids.

*Research on Dementia in Parkinson's Disease [PD].*—The Committee encourages NIA and NINDS to expand the use of fiscal year 2026 and beyond AD/ADRD funding to fund projects studying dementia in PD. PD is the second most common and fastest growing neurodegenerative disease globally and is characterized by the abnormal folding of a protein in the brain, which is similar to what typically occurs in AD/ADRD. Channeling additional resources into research could help to unlock groundbreaking dementia-relevant discoveries in crucial areas like PD and other closely associated neurological disorders.

*Spinal Cord Injury [SCI].*—The Committee recognizes SCI as a pressing public health concern, given its potential to cause severe paralysis, chronic pain, dependence on mechanical ventilation, and a host of other debilitating outcomes. With millions of individuals worldwide lacking any effective therapy to restore function, the Committee urges NINDS to increase its investment in both pre-clinical and translational research aimed at identifying novel SCI treatments. Of particular importance are research efforts focused on promoting regeneration of the neural pathways that support respiratory function, preventing the onset of chronic neuropathic pain, and developing cutting-edge imaging modalities to accurately track and measure patient responses to therapies. Targeted funding in these priority areas holds the promise of significantly improving quality of life for patients and their families, mitigating the vast economic and societal impact of this devastating condition, and propelling progress toward meaningful, long-term clinical solutions.

*Stroke.*—Despite notable progress in the stroke mortality rate, it remains the fifth leading cause of death and a leading cause of severe long-term disability. The Committee supports continued research to improve the scientific understanding of the brain and stroke, and the translation of that science exploring new treatments and improved approaches to stroke recovery and rehabilitation through the NIH funded clinical trials network StrokeNet. The Committee also supports continued stroke-related research conducted through the BRAIN Initiative. This initiative is revolutionizing our understanding of the brain and offering hope for the millions of individuals impacted by brain diseases, disorders, and inju-

ries including stroke. African Americans have a disproportionately higher prevalence of stroke and the highest death rate from stroke compared to any other racial group. The Committee encourages continued investment in research to understand and eliminate health inequities across neurological disorders and stroke, including the Community-Engaged Health Equity Research in Neuroscience [HERN] Initiative.

*Treatments for PSP, CBD, MSA.*—Progressive supranuclear palsy [PSP], corticobasal degeneration [CBD] and multiple system atrophy [MSA] are rare, adult-onset neurodegenerative diseases with significant care burdens, no diagnostic biomarkers, and no disease-modifying treatments or cures. Average life expectancy following symptom onset is approximately 7 years, and accurate diagnosis remains a major challenge—currently achieved in only about 25 percent of cases. The Committee urges NINDS to continue to ensure that PSP, CBD, and MSA are included in relevant programmatic initiatives, data collection efforts, and strategic planning activities focused on neurodegenerative disorders. Specific attention should be given to the development of diagnostic biomarkers and therapeutic targets. The Committee further encourages the allocation of dedicated resources to support research that addresses the unique clinical and scientific challenges presented by these diseases.

*Tuberous Sclerosis.*—The Committee understands the importance of continuing to fund research on Tuberous Sclerosis Complex in order to support ongoing progress for finding cutting-edge treatments and potential cures for Tuberous Sclerosis Complex.

*Undiagnosed Diseases Network [UDN].*—The Committee provides an increase of \$9,000,000, for UDN and directs the continuation of the coordinating center, all clinical sites, DNA sequencing core, central biorepository, model organisms screening center, and other necessary testing in the pursuit of diagnoses, including but not limited to: metabolomics, infectious and toxic exposures, and immune abnormalities.

*Udall Centers of Excellence in PD.*—Established in 1997 by Public Law 105–78, the Udall Centers were designed to be the anchor of the NIH research efforts in PD. Over the past several years, the number of Udall Centers has shrunk from 10 to 5, despite more than 1 million Americans suffering from PD with this population expected to grow to 2 million by 2050. Moreover, the current estimated economic cost of PD in the United States is \$52,000,000,000 annually. The Committee believes that the Udall Center program is in need of re-investment to accelerate progress on new treatments in the fight against PD. The Committee encourages NINDS to robustly support the establishment of new Udall Centers and explore ways to expand the number of centers informed by the Dr. Emmanuel Bilirakis and Honorable Jennifer Wexton National Plan to End Parkinson’s Act (Public Law 118–66).

#### NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2025 .....	\$6,562,279,000
Committee recommendation .....	6,592,279,000

The Committee provides \$6,592,279,000, an increase of \$30,000,000, for the National Institute of Allergy and Infectious Diseases [NIAID].

*Antiviral Drug Discovery Centers [AViDDs].*—The Committee recognizes the importance of research and development of new antivirals and their ability to combat new viral outbreaks and prevent them from becoming pandemics, and includes \$20,000,000 to continue to support this effort. The Committee supports the AViDDs and their mission to develop antiviral drugs to serve as our first line of defense against forthcoming viral outbreaks. The Committee is concerned that NIH reported to the Comptroller General of the United States that future funding for the program has been eliminated, leaving them funded for only three out of the intended 5 years. The Committee directs NIH to continue supporting antiviral drug discovery to mitigate the risk of future viral outbreaks.

*Bacteriophage Therapy.*—The Committee recognizes that engineered bacteriophage therapy has emerged as one of the most promising technologies for combating the global crisis of multi-drug-resistant bacterial infections. The Committee further notes that recent advancements in artificial intelligence, high-throughput robotic screening, and advanced biomanufacturing have enabled bacteriophage therapy to selectively eliminate pathogenic bacterial species while preserving the body's natural microbiome. To advance this critical innovation, the Committee encourages NIAID to continue supporting research and clinical trials on bacteriophage therapy in the United States.

*Celiac Disease.*—The Committee commends NIH for issuing a Notice of Special Interest to spur additional research on the study of celiac disease. Today, the only known treatment is a gluten-free diet; however, recent public and private sector research confirms that such a “treatment” is insufficient for many who suffer from celiac disease. The Committee encourages NIH to devote focused research on the study of celiac disease and continues to urge the newly created NIH Office of Autoimmune Disease Research [OADR] to work with NIAID and other NIH Institutes to: support new research on celiac disease; better coordinate existing research; and focus new research efforts toward causation, diagnosis, management, treatment, and, ultimately, a cure of this disease. The Committee directs NIH to include updates on research, projects, and programs for celiac disease in the fiscal year 2027 CJ.

*Centers for Research on Emerging Infectious Diseases [CREID].*—The Committee provides \$18,200,000 for CREID, a global network of centers dedicated detecting emerging infectious diseases as early as possible. The network investigates how and where viruses and other pathogens emerge from wildlife and spread diseases to people—information that is critical to waging rapid responses to such outbreaks. The Committee directs NIAID to provide continued funding for the network.

*Co-Infection.*—The Committee applauds the successes of the Martin Delaney Collaboratories for HIV Cure Research [MDC] in fostering collaboration towards development of potential curative strategies for HIV. Approximately 5 percent to 15 percent of people with HIV in the United States also have chronic hepatitis B virus

[HBV] infection, and liver disease is a leading cause of death for people living with HIV. The Committee urges hepatitis B be included in ongoing MDC work to more effectively address HIV and hepatitis B co-infection. Until we have curative therapy, improved treatments for chronic hepatitis B are needed that will lead to better health and treatment sustainability. The Committee urges enhanced collaboration with the Office of AIDS Research, and increased effort towards developing and studying new, innovative, and potentially life-saving treatments for chronic hepatitis B mono-infection and hepatitis B/HIV co-infection, especially Long-Acting Antivirals.

*Equipping NIH Research Programs to Target HIV/AIDS Hotspots.*—The Committee directs the NIH Office of AIDS Research to coordinate NIH-wide resources to focus on areas with the highest prevalence of HIV/AIDS, for example, utilizing Centers for AIDS Research [CFARs] to develop targeted interventions that increase the use of pre-exposure prophylaxis [PrEP] and better protect those communities from HIV transmission and its consequences.

*Food Allergies.*—The Committee recognizes the serious issue of food allergies which affect approximately 8 percent of children and 10 percent of adults in the United States. The Committee commends the ongoing work of NIAID in advancing FDA approved treatment options for people with food allergies and increasing support for clinical investigation to a total of 27 clinical sites for this critical research, including 14 sites as part of the Consortium for Food Allergy Research [CoFAR].

*Hepatitis B.*—The Committee applauds NIAID for leading the effort to update the Strategic Plan for Trans-NIH Research to Cure Hepatitis B, so it remains a robust roadmap to find a cure. The Committee is aware of the widely held view in the scientific community that finding a cure for hepatitis B, as has now been achieved for hepatitis C, is a winnable goal and is within reach in the near-term. For these reasons, the Committee urges that research, based on the needs as identified in the updated Plan, be funded in fiscal year 2026 and beyond. The Committee urges NIAID to expand the use of Program Projects, R01 and U01 Cooperative Research Agreements, and other contract mechanisms to discover and develop new therapies for chronic hepatitis B and D. The Committee applauds the success of the point of Care Technologies Research Network [POCTRN] and Rapid Acceleration of Diagnostics [RADX] programs and encourages more use of these programs for development of point-of-care tests for HBV, HDV and the cancers caused by these viruses. Efforts for establishment of biologically relevant animal models, particularly, the immune competent small animal models supporting persistent HBV infection, to support the development of immune modulators for the functional cure of chronic hepatitis B should be supported.

*Hereditary Angioedema [HAE] with Normal C1 Inhibitor.*—The Committee applauds the previous work across NIH to identify genetic mutations that cause HAE and to advance treatment options and care for affected individuals, moving a once deadly rare disease to a largely manageable chronic illness. However, the Committee notes that challenges persist in diagnosis, treatment, and care for

HAE patients with normal c1 Inhibitor and encourages NIAID to work with other Institutes and Centers, and the stakeholder community, to advance research in this key area.

*HIV Self-Testing.*—The Committee strongly supports advancement of technologies that enable rapid self-testing for HIV, particularly those technologies that detect HIV in people on current or future therapeutics and vaccines. The Committee notes the critical importance of having such self-testing technologies available before new options for therapeutic control and HIV vaccines become widely available. Self-testing technologies are necessary for individuals to know their HIV status and seek care to initiate treatment, thereby supporting ongoing HIV prevention efforts. Thus, the Committee urges NIH to fund as many meritorious proposals as possible to bring these important tests to market.

*HIV Vaccine Research.*—There are 1.2 million people living with HIV in the United States, and 36,000 new infections per year. HIV causes more deaths annually than breast cancer or prostate cancer. After decades of scientific effort and consistent NIH investment, we now have a clear, evidence-based road map for developing a successful HIV vaccine. Efforts like the HIV Vaccine Trials Unit [HVTN] and its partner clinical research centers in 13 States ensure that expertise from all corners of the United States are contributing to this effort. The Committee notes that in May 2025, NIH notified researchers that it will not renew funding for major research consortia working to develop the most cutting-edge experimental HIV vaccines into clinical trials. For 40 years, researchers have sought to develop an HIV vaccine, and NIH is the largest single funder of HIV vaccine research, providing 70 percent of the global research efforts. The Committee directs NIH to continue to support sustained, robust Federal funding for HIV vaccine research.

*National Biocontainment Laboratories [NBLs].*—The Committee provides \$23,000,000, to the two NBLs to support core and shared resources for BSL-4 containment, enabling them to develop and maintain the research resources, facilities and personnel needed to meet the national biodefense and emerging infectious diseases research needs in the event of a deliberate act of bioterrorism or naturally occurring public health emergency. The Committee notes that research on high consequence zoonotic viruses requires high-containment BSL-4 labs. High-containment BSL-4 labs enable researchers to diagnose and investigate these types of pathogens, and develop rapid and reliable diagnostics, novel antiviral therapeutics, and vaccines, without endangering the staff or population at large. Additional investments in BSL-4 infrastructure for research in highly pathogenic zoonotic viruses is critical. The Committee directs that this funding be used by the NBLs to support (1) maintaining the research resources for biodefense, emerging infectious disease agents, and other infectious disease threats to global health; (2) training new researchers in biosafety level 4 practices; (3) maintaining a workforce skilled in BSL-4 research; and (4) establishing best practices for the safe, effective, and efficient conduct of research in BSL-4 facilities.

*Neglected Disease Research.*—The Committee strongly supports NIAID's neglected disease research programs, including for HIV/

AIDS, tuberculosis, malaria, and neglected tropical diseases. NIH is the world's single largest funder of neglected disease research and has supported the development of high-impact technologies for health areas that receive little attention from industry. Given that many innovation gaps persist, NIAID is directed to continue to support this research.

*Regional Biocontainment Laboratories [RBLs].*—For nearly two decades the RBLs have played a vital role as part of the nation's biodefense infrastructure helping the United States prepare and respond to emerging infectious disease agents. The Committee is pleased NIAID competitively awarded UC7 awards to the RBLs. The Committee encourages NIAID to allow grantees to carry over unused funds into fiscal year 2027 to support this vital work of the RBLs. The Committee provides \$52,000,000, to the 12 RBLs to support core and shared resources for BSL-3 containment and related activities within the RBL facility in its entirety. To the extent possible, of this amount, no less than \$3,000,000 shall be provided to each of the 12 RBLs to support training and maintaining a capable research workforce with broad, relevant biomedical, technological, veterinary, and regulatory expertise, supporting operations, facilities, and equipment purchase costs, and supporting research utilizing the capabilities of the RBLs. The remaining funding shall go to the 12 RBLs to support: (1) research on biodefense, emerging infectious disease agents, and other infectious disease threats to global health; (2) training new researchers, including in biosafety level 3 practices; (3) maintaining a workforce skilled in BSL-3 research; and (4) establishing best practices for the safe, effective, and efficient conduct of research in BSL-3 facilities. All funding shall be used to support the aforementioned activities conducted within the RBL, and should not be limited to just the BSL-3 space.

*Research on Antimicrobial Resistance [AMR].*—The Committee is aware that antibiotic stewardship programs are a key component in preventing the spread of antibiotic resistance in all healthcare facilities in the United States and across the world. The Committee provides no less than \$565,000,000 to fund NIAID research to combat AMR and the training of new investigators to improve AMR research capacity as outlined in the 2020–2025 National Action Plan to Combat Antibiotic Resistant Bacteria [CARB]. In the CARB, 2020–2025, one of the five goals was to Accelerate Basic and Applied Research and Development for New Antibiotics, Other Therapeutics, and Vaccines in order to improve understanding of the many factors that contribute to the emergence, spread, and persistence of antibiotic resistance and to support new strategies for preventing and mitigating infections. NIH has supported research to understand mechanisms of AMR spread and to mitigate inappropriate usage of antibiotics. The Committee urges NIAID to undergo an assessment of the current infection control and health services research, determine where the gaps exist, and create a research agenda to help advance this important area of knowledge.

*Tuberculosis [TB].*—According to the World Health Organization, a total of 1.25 million people died from TB in 2023 (including 161,000 people with HIV). Worldwide, TB is the leading infectious killer and is the leading cause of death among people with HIV. Critical scientific research into the development of new TB diag-

nostic, treatment and prevention tools was delayed during the COVID-19 pandemic. The Committee commends NIAID on the publication of the 2024 update to the Strategic Plan for Tuberculosis Research and encourages NIAID to continue its implementation.

*Universal Flu Vaccine.*—The Committee includes \$270,000,000 to support efforts to develop universal influenza vaccines that provides long-lasting protection against numerous flu strains, rather than a select few. The Committee notes that on May 1, 2025, NIH received a \$500,000,000 transfer from the Administration for Strategic Preparedness and Response [ASPR] to accelerate the development of universal vaccines using beta-propiolactone [BPL]-inactivated, whole-virus platform. Given this substantial increase, within the total provided, the Committee does not provide funding to support vaccine development using the beta-propiolactone [BPL]-inactivated, whole-virus platform. The Committee urges NIAID to prioritize research needed to develop a universal influenza vaccine and directs NIH to ensure that all universal influenza vaccine research activities are approved by NIH’s rigorous multi-tiered review system, including the NIAID National Advisory and Infectious Diseases Council.

#### NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2025 .....	\$3,244,679,000
Committee recommendation .....	3,244,679,000

The Committee provides \$3,244,679,000 for the National Institute of General Medical Sciences [NIGMS], which includes \$1,412,482,000 in transfers available under 241 of the PHS Act (Public Law 104-73 as amended).

*Biomedical Research Workforce Training.*—Training programs at the NIH provide a quality standard of training for graduate students and postdoctoral fellows in biomedical research. The training grants that support these programs at research institutions across the country play a vital role in establishing a biomedical research ecosystem and train the next generation of researchers for health-related research needs. Despite the success of training programs, the number of students and postdoctoral scholars supported on training grants has remained constant over the years. The Committee applauds NIH efforts to increase funding for IDeA States and urges NIH to also emphasize the importance of supporting training grants in IDeA States. The Committee directs NIH Institutes and Centers to conduct and provide to the Committees, a portfolio analysis within 120 days of enactment. The analysis will assess the distribution of T32 training grants among States, including number of applicants and success rates per State to ensure NIH is supporting capacity building and a diverse workforce for the future biomedical research enterprise. In addition to the portfolio analysis, in the fiscal year 2027 CJ, NIH is directed to provide an update on specific actions NIH will take to identify and remove barriers for applying for training grants in IDeA States.

*Bridge Programs.*—The Committee strongly supports opportunities for students with limited access to STEMM [Science, Technology, Engineering, Mathematics, and Medicine] education and research. The Committee recognizes the effectiveness and importance

of NIGMS bridging programs that support historically underserved students and researchers to pursue STEMM studies and become the nation's next generation of researchers, including programs such as the Bridges to the Baccalaureate Research Training Program, Bridges to the Doctorate Research Training Program, Postbaccalaureate Research Education Program [PREP], Advancing Research Careers [ARC] program, and Maximizing Opportunities for Scientific and Academic Independent Careers [MOSAIC] program. The Committee is extremely concerned that NIH terminated many of these programs in 2025, and directs NIH to reestablish them. The Committee urges NIH to expand the size of existing training programs that bridge different educational or career stages and establish these programs at institutions that have historically received low levels of funding support from NIH, including Minority Serving Institutions and institutions that are eligible under the Department of Education's Strengthening Institutions Program. The Committee urges NIH to set clear mentorship and support standards for students participating in these programs. The Committee urges NIH to encourage and provide more guidance to participating institutions to account for sufficient staff and outreach, budget and other training-related expenses in grant applications. Finally, the Committee directs NIH to provide a report on these activities within 90 days of enactment.

*Institutional Development Award [IDeA].*—The Committee recognizes the importance of the IDeA program in enhancing geographical representation across NIH's research portfolio, and provides continued funding for the program. In order to ensure that research investments from IDeA programs provide maximum benefit, the Committee urges NIH to examine ways to increase NIH IDeA State participation in major grant programs across NIH's portfolio, including those that support biomedical research facilities, instrumentation, and training. The Committee notes the Biomedical Research Workforce Working Group report and supports growing the IDeA funding level to its minimum recommended level, which will allow NIH to take advantage of the full diversity of the nation's assets: diversity of individuals, diversity of institutions, and diversity of geography. Currently eligible States have historically had low aggregate success rates for grant applications to NIH and rely on the IDeA program to help build a research infrastructure and enhance research capacity at institutions in those States. Finally, the Committee opposes any efforts within NIH to change eligibility for the IDeA program to a system that would be based on States' populations.

*IDeA Clinician Researcher Support.*—The Committee recognizes the NIH's continued efforts to support mentorship and career development of clinician researchers through the Clinical and Translational Science Awards and other programs. However, the Committee is concerned that IDeA-eligible States do not have equitable access to funding to support mentored career development. The Committee encourages NIH to support mentored career development funding for physicians and clinicians in IDeA States.

*IDeA Networks for Clinical and Translational Research [IDeA-CTR].*—The Committee notes the success of the IDeA Clinical and Translational Research centers to develop infrastructure and



human resources to more effectively conduct clinical and translational research. Further, the Committee notes the potential for further enhancement and progress through meaningful collaboration with the Clinical and Translational Science Awards [CTSA] program, particularly in rural areas. The Committee encourages NIGMS and NCATS to provide a general roadmap for collaborative opportunities that preserve the autonomy of both programs while removing barriers to allow for rapid scientific advancement and improved local care and research.

*Increasing Diversity in Biomedical Research.*—The Committee strongly supports opportunities for the nation’s next generation of researchers and efforts to enhance diversity in biomedical research. Early-stage researchers, particularly those from groups underrepresented in biomedical research, spend longer periods of time in postdoctoral positions with lower salaries, receive inadequate mentorship, and are offered fewer opportunities for professional advancement, resulting in lower retention rates for those groups. Even with these obstacles, many early-stage researchers tackle riskier projects and have contributed to research that has generated positive outcomes for the benefit of society. Grant programs offering support and opportunities for researchers at key career transition points requiring little or no preliminary data, are critical to ensuring innovative scientists from diverse backgrounds succeed in biomedical research. Therefore, the Committee is concerned that NIH terminated a number of longstanding research training and career development programs that play a vital role in building the next generation of the biomedical research workforce. These programs provide critical funding for graduate students and postdoctoral scholars, and the termination of these programs has caused an immediate and harmful impact on the ability of academic medicine to attract and retain the best and brightest scientists. To maintain these programs, the Committee provides not less than \$13,100,000 to continue the Maximizing Access to Research Careers [MARC] program; not less than \$18,800,000 to continue the Post-Baccalaureate Research Education Program; not less than \$21,300,000 to continue the Undergraduate Research Training Initiative for Student Enhancement program; not less than \$6,400,000 for the Bridges to Doctorate program; not less than \$15,500,000 for the Initiative for Maximizing Student Development program; and not less than \$20,800,000 for the Institutional Research and Academic Career Development Award to train the next generation of scientists while enhancing the diversity of the biomedical research workforce and enabling promising scientists to pursue high-risk, high-reward research. Finally, within 90 days of enactment, the Committee directs NIH to provide a report and briefing to the Committees on Appropriations on the training and career development programs that have been terminated since December 2024, and a justification for the termination of each program. Such report shall include the amount NIH spent on each program in fiscal year 2024, and a comprehensive list of awards associated with each program, including the grant number, institution and the total cost of each award.

*Minority Serving Institutions.*—Congress recognizes the importance of highly trained physician-scientists to serve diverse commu-

nities, decrease health disparities, and enhance the biomedical research workforce. The Committee encourages NIGMS to support medical scientist training at Minority Serving Institutions as defined in title III of the Higher Education Act. Such efforts should support dual degree programs that train students in medicine and biomedical research.

*Supporting Biomolecular NMR Databanks.*—The Committee recognizes the essential role that existing, extramural Nuclear Magnetic Resonance [NMR] databases located at public academic health centers play in fostering medical research and drug discovery. As such, the Committee encourages NIGMS to ensure that grants which support these valuable scientific community assets are of sufficient size to ensure that they can continue to add and curate new data, modernize, and support all researchers.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH  
AND HUMAN DEVELOPMENT

Appropriations, 2025 .....	\$1,759,078,000
Committee recommendation .....	1,779,078,000

The Committee provides \$1,779,078,000, an increase of \$20,000,000, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

*Andrological Health.*—The Committee strongly supports translational and clinical research into andrological health, and urges NICHD to prioritize and expand these research programs.

*Endometriosis.*—The Committee urges NICHD to continue expanding basic, clinical, and translational research into the mechanisms of endometriosis, including root causes of the disease and new treatment methods. The Committee encourages research on the genetic and immune system components of endometriosis. The Committee further encourages NIH to devote more resources to support targeted research of endocrine disrupting chemicals in endometriosis, the relationship of endometriosis and cancer, prenatal and epigenetic influences on the risk for endometriosis. The Committee also encourages research on non-invasive diagnostics of endometriosis to reduce diagnosis delay and improve treatment. The Committee encourages research on the growth of endometriosis and endometriosis recurrence post-surgical procedures or medical therapeutics. Additionally, NIH is encouraged to use an updated, evidence-based definition of the disease, aligning with current scientific understanding that characterizes it as a chronic, systemic, and inflammatory condition. This aims to ensure the development of effective diagnostics and treatments reflect endometriosis' full clinical reality (i.e., not solely a reproductive condition) as it can affect every major organ in the body.

*Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone [IMPROVE] Initiative.*—The Committee provides no less than \$73,400,000 for this activity, an increase of \$20,000,000. The Committee is aware that NICHD's current Maternal Health Research Centers of Excellence provide a platform to further both research and clinical care in reducing maternal morbidity and mortality. The Committee appreciates NIH's commitment to supporting Centers in areas of the country that see the highest rate of both. The Committee encourages NICHD to continue to expand its cur-

rent Centers of Excellence with a particular emphasis on increasing support for existing centers and establishing new ones in regions of greatest need, eliminating racial and ethnic disparities in maternal morbidity, and training a diverse group of early-stage scientists in maternal health equity research.

*Infertility.*—The Committee remains concerned about the rate of infertility suffered by couples trying to conceive. In the United States, 11 percent of women of reproductive age have difficulty getting pregnant or carrying a pregnancy to term. The Committee urges NICHD to continue to research infertility, specifically adenomyosis, uterine fibroids, endometriosis, and polycystic ovary syndrome. This research could include diagnostic testing, causes of the conditions, and treatment options, especially non-pharmacological intervention. Since there is a gap in the knowledge of how to diagnose and treat male infertility, the Committee also urges NICHD to continue to support research on male mechanisms of infertility.

*Maternal Morbidity and Mortality.*—The Committee is concerned about recent closures of obstetrics and gynecology units in rural hospitals across the country and their impact on patient access to care. The Committee encourages NICHD to support research on this issue, including examining how these closures are affecting maternal morbidity and mortality.

*Polycystic Ovary Syndrome Research.*—The Committee urges NICHD to continue expanding basic, clinical, and translational research into the mechanisms of polycystic ovary syndrome [PCOS], including the cause of the condition, such as metabolic dysfunction, and treatment methods, especially addressing hormonal imbalance, insulin resistance, nutritional and lifestyle modifications, and surgical procedures.

*Population Research.*—The Committee commends NICHD for supporting prospective, population representative longitudinal studies, including the Panel Study of Income Dynamics Child Development Supplement, Future of Families and Child Wellbeing Study, and National Longitudinal Survey of Youth. Data from these studies are public goods used widely to inform research and training activities conducted by thousands of scientists at universities nationwide, including underserved institutions, and are heavily used by new and early-stage investigators. In addition, these studies are the only nationally representative data scientists may use to analyze, for example, how parental and grandparental characteristics affect children's outcomes and the impact of adverse childhood experiences over the life course. NICHD is encouraged to continue supporting this type of research.

*Safe to Sleep Campaign.*—The Committee is concerned that in April 2025 NIH cancelled Federal participation in Safe to Sleep, a 30-year campaign to prevent infants from dying in their sleep. Thanks to increased awareness and access to evidence-based risk reduction strategies for parents and caregivers, Safe to Sleep dramatically reduced the number of Sudden Infant Death [SIDs] cases—cutting them nearly in half between 1994 and 2009. NICHD expanded the campaign in 2012 to bring an awareness to other non-SIDs sleep-related infant deaths like accidental suffocation and strangulation in bed, which fall under a broader umbrella of unex-

pected infant deaths known as Sudden Unexpected Infant Death [SUID]. According to the most recent data available, sudden infant death rates increased nearly 12 percent between 2020 and 2022, or more than 300 babies dying every month. The elimination of NICHD's support for Safe to Sleep would lead to even more preventable infant deaths. Therefore, the Committee directs NICHD to re-establish the Safe to Sleep Campaign and provides \$1,300,000, the same amount as fiscal year 2024, to ensure the health and safety of all American infants.

*Severe Maternal Morbidity.*—The Committee is concerned that despite the high rate of severe maternal morbidity in the United States, there is not a uniform definition of severe maternal morbidity. Having a uniform definition would help Federal, State and local agencies and research institutions establish standardized and interoperable processes for billing surveillance, data collection and research. The collected data could then inform the development and deployment of targeted, evidence-based prevention and treatment programs to reduce the incidence of severe maternal morbidity. The Committee encourages NICHD to hold a formal convening of subject matter experts and organizational representatives, including representatives from the CDC, HRSA, NICHD, the Office of the National Coordinator for Health Information Technology, FDA, and public stakeholders, to determine a uniform definition of severe maternal morbidity. The Committee directs NICHD to provide a report in the fiscal year 2027 CJ on the proceedings of convening including formal definitions for severe maternal morbidity.

*Women's Reproductive Health Research [WRHR] Program and Research Scientist Development Program [RSDP].*—The Committee encourages NICHD to continue to fund WRHR and RSDP scholars, with the goal of increasing the diversity of the scholars, sites, and research supported by the programs. The Committee recognizes the effectiveness of these programs, which provides an opportunity for obstetrician/gynecologists who recently completed postgraduate clinical training to further their training in basic, translational and clinical research. The Committee directs NIH to provide an update on these programs in the fiscal year 2027 CJ.

*Uterine Fibroid Research.*—The Committee urges NICHD to continue expanding basic, clinical, and translational research into the mechanisms of uterine fibroids, including the cause of uterine fibroids, especially the relation to hormone imbalance and high estrogen levels, and new treatment methods, including surgical procedures. The Committee further encourages research on the impact of uterine fibroids on abnormal bleeding, anemia, fertility, and recurrent miscarriage. The Committee encourages research on the prevalence of uterine fibroids in minority populations.

#### NATIONAL EYE INSTITUTE

Appropriations, 2025 .....	\$896,549,000
Committee recommendation .....	896,549,000

The Committee recommendation includes \$896,549,000 for the National Eye Institute [NEI].

*Usher Syndrome.*—The Committee encourages NIH to enhance and prioritize Usher syndrome research at NEI. The Committee re-

quests an update in the fiscal year 2027 CJ. The update should include efforts to stimulate the field and to accelerate viable human treatment options for those with Usher syndrome.

#### NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2025 .....	\$913,979,000
Committee recommendation .....	913,979,000

The Committee recommendation includes \$913,979,000 for the National Institute of Environmental Health Sciences [NIEHS].

*Environmental-Related Health Conditions.*—The Committee provides \$40,000,000 for NIEHS to continue research on the impacts that changing environmental conditions have on human health.

*Improving Understanding Environmental Triggers of Inflammatory Bowel Disease [IBD].*—The Committee is aware of research indicating linkages between environmental factors such as heavy and transition metals, air pollutants, food emulsifiers, and pesticides are associated with an increased risk of IBD and the need to address gaps in this area. The Committee directs NIEHS to collaborate with NIH ICs, such as NIDDK and the Office of Nutrition Research to develop a research strategy to address these gaps, including better understanding the impact of environmental factors, more precise assessments to measure the effects of exposures, and understanding the overall impact of any such factors and ways to intervene to address them. The Committee also directs NIH to assess possible ways to incorporate immune-mediated digestive diseases and nutrition into existing programs.

*Indoor Air.*—The Committee urges NIEHS to continue researching indoor pollutants, including from combustion indoors, to better understand the indoor air landscape and its impacts. The Committee requests an update on these activities in the fiscal year 2027 CJ.

*Microplastics and Human Health.*—The Committee recommends that NIH review primary chemicals in the life cycle analysis of plastic materials that are negatively impacting the environment and human health. The Committee urges NIH to research the presence of microplastics and nanoplastics in the human body, including in organs and biospecimens and how such presence impacts human health.

*PFAS Mitigation.*—The Committee recognizes that contaminated water poses a significant public health risk, with the potential to cause a range of adverse health outcomes, including gastrointestinal illness, neurological conditions, reproductive issues, chronic diseases, and the transmission of infectious diseases. Given the severe and far-reaching impacts on human health, the Committee continues to appropriate funding to support and coordinate comprehensive health-focused research efforts to evaluate the direct and indirect impacts of contaminated water on public health.

*Wildfire Smoke.*—The Committee recognizes that exposure to smoke from wildfires is no longer a rare occurrence and is a reality for millions of Americans. The Committee is concerned that public health experts do not yet fully understand the risk posed by exposure to wildland fire smoke—particularly acute and chronic smoke exposure to patients with existing pulmonary and cardiac disease. The Committee encourages NIEHS to support research to under-

stand the health risks associated with wildfire smoke exposure and any interventions that can be implemented to mitigate adverse health effects.

#### NATIONAL INSTITUTE ON AGING

Appropriations, 2025 .....	\$4,507,623,000
Committee recommendation .....	4,557,623,000

The Committee recommendation includes \$4,557,623,000, for the National Institute on Aging [NIA]. This amount includes an increase of \$50,000,000 for NIA's AD/ADRD research.

*Alzheimer's Disease/Alzheimer's Disease-Related Dementias [AD/ADRD].*—Since fiscal year 2015, Congress has increased research funding for AD/ADRD by more than 500 percent, making it the largest expenditure of its kind in NIH. By 2050, the cost to treat and care for those suffering from Alzheimer's disease is expected to rise to as high as \$1,100,000,000,000 a year. Without a medical breakthrough to prevent, slow, or stop the disease, Medicare- and Medicaid-related costs could rise more than four-fold. NIH-funded research offers hope for finding solutions to manage this disease successfully in the future. Therefore, the Committee continues to support Alzheimer's disease research, including multi-disciplinary approaches into the basic science and pathology of the disease, which builds upon the funding goals needed to prevent and effectively treat Alzheimer's by 2025 identified in the National Plan required by the National Alzheimer's Project Act (Public Law 111-375). The Committee includes an increase of \$100,000,000 across NIH for AD/ADRD research, including an increase of \$50,000,000 in NINDS and \$50,000,000 in NIA. The NIA is encouraged to continue addressing the research targets outlined in the fiscal year 2026 Professional Judgment Budget. In addition, NIA is directed to provide an update on activities related to this research in the fiscal year 2027 CJ.

*Alzheimer's Disease and Metabolic Function.*—The Committee encourages NIH to investigate the fundamental link between metabolic function and AD/ADRDs, as well as the study of the prevention, treatment, and reversal of AD/ADRDs, including Parkinson's disease, through metabolic therapies. The Committee urges the NIH to expand research into metabolic interventions for AD/ADRDs. This includes support for large-scale clinical trials aimed at identifying predictive neurobiological and metabolic biomarkers, optimizing patient stratification, and developing best practice clinical guidelines. Research may employ multi-disciplinary approaches into the basic science and pathology of the diseases, including neuroimaging, genetics, and cellular biology, to advance understanding of the underlying mechanisms of disease and inform personalized, metabolism-based treatment and prevention strategies.

*Alzheimer's Risk Reduction.*—The Committee encourages the Department to prioritize scientifically-based early interventions for AD/ADRDs, and to identify and implement a comprehensive set of actions to assess risk factors for cognitive decline and dementia. Such an assessment should include a focus on populations and communities at highest risk and with the greatest prevalence. Actions should include: conducting health risk assessments; identifying opportunities to address known risk factors; examining incentives to

promote brain health; providing payments for prevention and care delivery models that incorporate brain health as part of care and treatment of other conditions; and examining the development and implementation of quality measures specifically related to brain health.

*Palliative Care Research.*—The Committee provides continued funding for NIA to coordinate the work of a multi-institute and multi-Center initiative for palliative care research, including extramural-based research infrastructure, by developing early and mid-stage researchers, and engaging various healthcare systems, providers, and community partners. The Committee recognizes that palliative care is a critical area of research and informs supportive care for patients of all ages with serious illness and their families focused on relief of symptoms and suffering, communication of prognosis and treatment options in the context of patient goals, and coordination of care within and across healthcare settings. The Committee commends NIA for spearheading the release of a funding opportunity to support a national Consortium for Palliative Care Research Across the Lifespan in February 2024. This Consortium will provide resources, expertise, and coordination to advance innovative, high-quality palliative care research across the lifespan and across a range of serious illnesses, including dementia. The Consortium will also emphasize scientific workforce development in palliative care, in addition to clarifying and addressing differences in quality and use of palliative care services across populations. NIA is directed to update the Committee monthly on this effort until awards are made. Finally, NIA is directed to notify the Committee at least 10 days in advance of the release of a Notice of Award for the Consortium for Palliative Care Research Across the Lifespan.

*Population Research.*—The Committee commends NIA for supporting a robust population aging research portfolio that includes research grants, centers, networks, training programs, and population representative longitudinal surveys, including the Health and Retirement Study and National Longitudinal Study of Adolescent to Adult Health, studying how demographic, social, environmental, behavioral, psychological, and economic factors impact health and well-being over the life course. In fiscal year 2025, the Committee is pleased to learn that NIA plans to renew funding for its Centers on Demography and Economics of Aging program. The current 15 centers provide essential infrastructure and data, stimulating aging research and training activities on topics such as physical and cognitive functioning, disability, health disparities, and Alzheimer's disease, nationwide. The Committee urges NIA to continue to encourage collaboration among its centers, as it currently does via the Research Centers Collaborative Network [RCCN]. RCCN aligns approaches between NIA Center programs, including the Centers on Demography and Economics of Aging, Alzheimer's Disease Research Centers, and Roybal Centers for Translational Research in the Behavioral and Social Sciences of Aging.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN  
DISEASES

Appropriations, 2025 .....	\$685,465,000
Committee recommendation .....	685,465,000

The Committee recommendation includes \$685,465,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS].

*Atopic Dermatitis.*—The Committee recognizes NIAMS ongoing efforts to incorporate community feedback and otherwise craft a new Strategic Plan for Fiscal Years 2025–2029. The Committee notes the tremendous opportunity for cross-NIH multidisciplinary research into atopic dermatitis and other forms of eczema and encourages further efforts to coordinate with other institutes and centers to complement emerging NIAMS activities and to effectively coordinate the overall research portfolio in atopic dermatitis.

NATIONAL INSTITUTE OF DEAFNESS AND OTHER COMMUNICATION  
DISORDERS

Appropriations, 2025 .....	\$534,333,000
Committee recommendation .....	534,333,000

The Committee recommendation includes \$534,333,000 for the National Institute of Deafness and Other Communication Disorders [NIDCD].

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2025 .....	\$197,693,000
Committee recommendation .....	197,693,000

The Committee recommendation includes \$197,693,000 for the National Institute of Nursing Research [NINR]. Funding for NINR is crucial for the advancement of nursing science, addressing the nation's critical health issues. Funding nursing research offers an excellent return on investment, advancing the health of individuals and communities while ensuring high-quality, cost-effective care across lifespan.

*Health Disparities Research.*—The Committee continues to provide \$10,000,000 for NINR to support research related to identifying and reducing health disparities.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2025 .....	\$595,318,000
Committee recommendation .....	595,318,000

The Committee recommendation includes \$595,318,000 for the National Institute on Alcohol Abuse and Alcoholism [NIAAA].

*Fetal Alcohol Spectrum Disorders [FASD].*—The Committee supports NIAAA efforts to accelerate FASD basic, prevention, diagnosis, and treatment research. The Committee encourages NIAAA to continue efforts to support innovative research and to disseminate research findings to States, Tribes, and provider and non-profit organizations in increasing FASD diagnostic capacity, enhancing FASD prevention programs, developing resources for systems of care, training services providers and professionals, and responding to the needs of individuals. In addition, the Committee encourages



NIAAA to restore the FASD Center of Excellence to translate and disseminate research to States, Tribes, and existing FASD affiliates for the purpose of increasing diagnostic capacity, developing resources for systems of care, training service providers and professionals, maintaining a clearinghouse and data-based directory, and responding to the needs of individuals.

*Reducing Alcohol Related Mortality.*—The Committee is concerned by the high rates of alcohol misuse and alcohol-related morbidity and mortality in the United States. The Committee urges NIAAA to continue supporting research on prevention programs that focus on populations most affected by alcohol misuse and alcohol-related mortality. This research can include the development, testing, and implementation of prevention interventions to reduce alcohol misuse.

#### NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2025 .....	\$1,662,695,000
Committee recommendation .....	1,662,695,000

The Committee recommendation includes \$1,662,695,000 for the National Institute on Drug Abuse [NIDA].

*Alternative Clinical Trial Endpoints for Substance Use Disorders.*—Although there are effective medications for treating opioid, tobacco, and alcohol use disorders, these treatments do not work for everyone—and to date, no medications have been approved by FDA to treat stimulant use disorders. The Committee therefore encourages FDA and NIDA to collaborate on the establishment of endpoints other than abstinence for use in clinical trials of medications to treat substance use disorders. Such alternative endpoints may include reduced craving (defined as a strong desire or urge to use drugs), reduced drug use, or reduced substance use disorder severity. The Committee appreciates NIDA-funded research on using alternative endpoints in clinical research on substance use disorders, such as the recent finding that reduced drug use is associated with meaningful clinical improvements for people with stimulant use disorders. The Committee urges FDA and NIDA to build upon such research and work together toward incorporating alternative endpoints into clinical trials for substance use disorders.

*Barriers to Research.*—The Committee is concerned that restrictions associated with Schedule I of the Controlled Substances Act effectively limits the amount and type of research that can be conducted on certain Schedule I drugs, especially opioids, psychedelics, marijuana or its component chemicals, and new synthetic drugs and analogs. At a time when we need as much information as possible about these drugs and antidotes for their harmful effects, we should be addressing regulatory and other barriers to conducting this research. The Committee appreciates NIDA's completion of a report on the barriers to research that result from the classification of drugs and compounds as Schedule I substances including the challenges researchers face as a result of limited access to sources of marijuana, including dispensary products.

*Cocaine Overdose Treatment.*—The Committee remains concerned about the “fourth wave” of the drug addiction public health crisis and the surge in overdose deaths involving stimulants, including cocaine. The Committee recognizes that NIDA is

prioritizing research and development of treatments which can rapidly reverse cocaine toxicity and reduce mortality rates, addressing the severe gap in this unmet medical need. Due to the unavailability of an FDA-approved cocaine overdose reversal medication, the Committee encourages NIDA to continue prioritization of additional research and development to advance a life-saving treatment for overdoses caused by cocaine.

*HEAL Initiative.*—The Committee continues to be extremely concerned about the epidemic of prescription opioids, heroin, and illicit synthetic opioid use, addiction, and opioid overdose in the United States and appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. The Committee is also aware of the elevated number of opioid overdose deaths, with the primary driver of these deaths involving synthetic opioids, primarily illicitly manufactured fentanyl. Approximately 220 people die each day in this country from drug overdose (over 149 of those involved opioids), making it one of the most common causes of non-disease-related deaths for adolescents and young adults. To combat this crisis, the Committee has provided within NIDA's budget no less than \$365,295,000, for the Institute's share of the HEAL Initiative and in response to elevated rates of stimulant use and drug overdose involving stimulants. The Committee encourages NIDA to continue research on the development of safe and effective medications and new formulations and combinations to treat substance use disorders and prevent or reverse overdose, and to continue research on comprehensive care models in communities nationwide to prevent and treat opioid misuse and opioid use disorder, expanding treatment capacity, enhancing access to overdose reversal medications for opioid use disorder, and improving addiction care; testing interventions in justice system settings to expand the uptake of medication treatment and methods to scale up these interventions; and developing evidence-based strategies to integrate screening and treatment for opioid use disorders in emergency department and primary care settings. The Committee has included language expanding the allowable use of these funds to include research related to stimulant use and addiction.

*Investments in Basic Research.*—The Committee is aware that basic research is the foundation for clinical research, both of which pave the way to new or improved treatments for substance use disorders. Basic research can focus on the causal mechanisms underlying the functioning of the human body and provides a critical understanding of the short- and long-term impacts of drug use. The discoveries that are made through basic research can often be translated into improved patient care, including novel medications, fewer drug-related fatalities, and science-based methods for preventing substance use and substance use disorders. The Committee encourages NIDA's continued investments in investigator-initiated grants in basic research and support for training of young investigators to ensure a healthy and growing population of researchers.

*Methamphetamine and Other Stimulants.*—The Committee is concerned that, according to predicted provisional data released by CDC, overdose deaths involving drugs in the categories that include methamphetamine and cocaine increased by 38 and 43 percent respectively, in just 2 years. This sharp increase has led some

to refer to stimulant overdoses as the “fourth wave” of the current drug overdose epidemic in America following the rise of opioid-related deaths involving prescription opioids, heroin, and fentanyl-related substances. No FDA-approved medications are available for treating methamphetamine, cocaine, and other stimulant use disorders. While there are currently approved medication treatments for alcohol and opioid addiction, there remains no approved medication for methamphetamine addiction. The Committee urges NIDA to continue its ongoing trials in order to expeditiously find and approve a medication for methamphetamines. The Committee continues to support NIDA’s efforts to address the opioid crisis, has provided continued funding for the HEAL Initiative, and supports NIDA’s efforts to combat the growing problem of methamphetamine and other stimulant use disorders and related deaths.

*Overdose Reversal Drugs.*—Recognizing the increasing severity of the National opioid crisis and the need to better our options for responding to, treating, and preventing overdoses, the Committee encourages NIDA to prioritize research to expedite treatments for and prevention of overdose from fentanyl, fentanyl analogs, and other emerging substances.

*Raising Awareness and Engaging the Medical Community in Drug Use and Addiction Prevention and Treatment.*—Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, emergency medicine, and pediatrics). The Committee encourages NIDA to continue to provide clinical resources to providers to help identify and treat patients with substance use disorder.

*Safe Prescribing.*—The Committee encourages NIDA to continue to expand efforts to research and educate physicians and other medical professionals about safe prescribing practices for pain and managing patients who abuse prescription opioids, as well as best practices for incorporating substance misuse and addiction screening and treatment into their clinical practices.

*Youth E-Cigarette Use.*—The Committee is aware of alarming trends in youth electronic cigarettes (e-cigarettes) use and recent survey data from CDC indicating that more than 10 percent of high school students and 4.6 percent of middle school students reported using e-cigarettes in the previous 30 days in 2023. The Committee understands that e-cigarettes and other vaporizing equipment remain popular among adolescents, and requests that NIDA continue to fund research on the use and consequences of using these devices. The Committee is pleased that NIDA continues to support the Monitoring the Future survey and the Population Assessment of Tobacco and Health Study, which provide timely data on tobacco products and other drug use. Finally, with more than 4 million young people using e-cigarettes, there is a greater need for research into therapeutic options for nicotine cessation among youth who have developed addiction to nicotine. The Committee encour-

ages NIDA to continue supporting research to develop therapies, including both pharmacologic and behavioral therapies, to combat nicotine addiction in pediatric populations.

#### NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2025 .....	\$2,187,843,000
Committee recommendation .....	2,193,843,000

The Committee recommendation includes \$2,193,843,000 for the National Institute of Mental Health [NIMH]. This amount includes \$70,028,000, an increase of \$6,000,000 for the BRAIN Initiative.

*Autism Spectrum Disorder [ASD].*—The Committee encourages NIH to support greater investment in research on autism, particularly in areas outlined in the Interagency Autism Coordinating Committee's [IACC] Strategic Plan for ASD, and directs NIH to ensure that all research activities for autism follow widely-accepted scientific practices in order to ensure research integrity. The Committee encourages NIH to support greater investment in research, particularly in areas outlined in the IACC Strategic Plan for ASD, and directs NIH to ensure that all research activities for autism follow widely-accepted scientific practices in order to ensure research integrity. In addition, the Autism CARES Act of 2024 (Public Law 118–80) included several new directives that the NIH is directed to implement. These include releasing an annual budget estimate for autism research for fiscal year 2026 based on the IACC Strategic Plan, ensuring research efforts reflect the entire population of individuals with ASD, and creating a new process for the public to obtain information on all existing and planned autism research activities as well as allowing the public to provide comments. Pursuant to the Autism CARES Act of 2024, the Committee also directs the prompt re-establishment of the IACC and that among the non-public members, directs that the Secretary appoints experienced, leading licensed and board-certified researchers in the field of ASD.

*Mental Health Research.*—In recognition of the country's unprecedented mental health crisis, the Committee supports funding for mental health research. This funding is provided to support research focused on developing targeted prevention of and treatment for mental illness. The Committee urges NIMH to accelerate better diagnostics, improved therapeutics and behavioral treatments, and enhanced precision of mental healthcare; continue to develop a new Precision Psychiatry Initiative; and support studies of social media's impact on mental health. The Committee supports NIMH efforts to launch a new depression biomarker development effort to guide treatment decisions for major depression and identify research gaps and opportunities for understanding relationships among social media behavior, social media engagement, and youth mental health. These initiatives will combine innovative physiological and behavioral methods to better predict patient prognosis and optimize treatment. In addition, the Committee continues to be concerned about the effects of the COVID–19 pandemic on mental and behavioral health and encourages NIMH to support research into the impacts of the pandemic on mental health.

*Peer Support for Youth.*—The Committee understands that many youth who are struggling with their mental health seek out peer

support services, often because they are not ready to engage or do not have access to clinical healthcare. But while numerous studies have shown that peer support increases help-seeking behavior and reduces social isolation in adults, research on youth peer support services and peer-to-peer counseling programs is limited. Therefore, the Committee encourages NIMH to prioritize research in these areas, including how to scale up such services and programs effectively. In addition, the Committee encourages NIMH to continue to regularly hear from young people to inform its future research priorities through its Advisory Council, strategic planning process, focus groups or similar leadership methods. The Committee supports the agency's existing youth-informed activities and encourages additional efforts to grow youth engagement in setting its research priorities and carrying out participatory research.

*Serious Mental Illness.*—The Committee encourages NIMH to expand research into metabolic interventions for serious mental illnesses, including bipolar disorder, major depressive disorder, and schizophrenia. The Committee encourages NIMH to investigate the fundamental link between metabolic function and psychiatric illness, as well as the study of the prevention, treatment, and reversal of serious mental illness through metabolic therapies. This includes support for large-scale clinical trials investigating nutritional ketosis, with a focus on identifying predictive neurobiological and metabolic biomarkers, optimizing patient stratification, and developing best practice clinical guidelines. Research should encompass multimodal data collection, including neuroimaging, genetics, and cellular biology, with an emphasis on translational science that informs personalized treatment and advances understanding of underlying disease mechanisms.

*Suicide Prevention.*—The Committee recognizes that suicide a complex, and serious public health problem with multiple contributing factors, including biological, psychological, social, and environmental. The Committee encourages NIMH to direct additional attention to suicide prevention research across all of these areas, as well as the application of novel measurement techniques, statistical analysis, digital initiatives and information systems. The Committee also encourages NIMH to promote greater collaboration with other NIH Institutes and Centers with expertise in research areas that can contribute to suicide prevention, especially NIA, NICHD, NHGRI, NIAAA and NIDA. The Committee requests an update on these activities in the fiscal year 2027 CJ.

#### NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2025 .....	\$663,200,000
Committee recommendation .....	663,200,000

The Committee recommendation includes \$663,200,000 for the National Human Genome Research Institute [NHGRI].

#### NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2025 .....	\$440,627,000
Committee recommendation .....	440,627,000

The Committee recommendation includes \$440,627,000 for the National Institute of Biomedical Imaging and Bioengineering [NIBIB].

*Biomedical Technology Development.*—The Committee is pleased with the success of the Rapid Acceleration of Diagnostics Tech program in accelerating the innovation and commercialization of COVID-19 diagnostic technologies. The Committee appreciates NIBIB's efforts to expand the innovation funnel model beyond COVID-19 testing to address other critical unmet needs in diagnostic testing and other biomedical technologies and encourages NIBIB to continue these efforts in fiscal year 2026 in consultation with other institutes and centers, including but not limited to NHLBI, NIAID, NICHD, NIA, NINDS, and NIMH. The Committee further directs NIBIB to provide an update in the fiscal year 2027 CJ on progress of these efforts.

#### NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2025 .....	\$170,384,000
Committee recommendation .....	170,384,000

The Committee recommendation includes \$170,384,000 for the National Center for Complementary and Integrative Health [NCCIH].

*Pain Management.*—The Committee includes \$5,000,000 to support research into non-pharmacological treatments for pain management and urges NCCIH, along with DOD and VA, to continue to support research, including comorbidities such as opioid misuse, abuse, and disorder among military personnel, veterans, and their families. The Committee urges NIH, VA, and DOD to expand research on non-pharmacological treatments for veterans and service members.

#### NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2025 .....	\$534,395,000
Committee recommendation .....	534,395,000

The Committee recommendation includes \$534,395,000 for the National Institute on Minority Health and Health Disparities [NIMHD].

*Improving Native American Cancer Outcomes.*—The Committee notes that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations. The Committee includes \$6,000,000, for the Initiative for Improving Native American Cancer Outcomes to support efforts including research, education, outreach, and clinical access related to cancer in Native American populations. The Committee further directs NIMHD to work with NCI to locate this Initiative at an NCI-designated cancer center demonstrating partnerships with Indian Tribes, Tribal organizations, and urban Indian organizations to improve the screening, diagnosis, and treatment of cancers among Native Americans, particularly those living in rural communities.

*Native Hawaiian/Pacific Islander Health Research Office.*—The Committee recognizes the Federal trust responsibility to Native Hawaiians and the unique health challenges facing the Native Hawaiian and Pacific Islander community. The Committee also ac-

knowledges that there is limited health research on this community, relative to other populations, particularly that disaggregates between different subpopulations. The Committee includes \$4,000,000, for the Native Hawaiian/Pacific Islander Health Research Office. The Committee encourages collaboration across Institutes and with the community, including research institutions with expertise and researcher representation from the NHPI community.

*Research Centers at Minority Institutions [RCMI] Program.*—The Committee recognizes the longstanding contributions of the RCMI program in improving the health of all Americans, originally established in 1985 by this subcommittee, and as directed in 42 U.S.C. 241 and 284, amended by 42 U.S.C. 201. The RCMI program strengthens research capacity and infrastructure at minority-serving institutions, identifies differential outcomes for minority populations, and provides training and mentoring. Therefore, the Committee directs NIH to maintain funding for RCMI grantees, particularly institutions serving rural, underserved, and geographically isolated populations. The Committee encourages NIMHD to adjust the RCMI annual per-institution NIH funding threshold for inflation. The Committee directs NIMHD to submit a report within 90 days of enactment regarding the implementation of this adjusted eligibility criterion for RCMI, its impact on the pool of eligible institutions, and how this criterion is applied to eligibility for other NIMHD programs.

*Research Endowment Program.*—The Committee is pleased with NIMHD's reinvigoration of the Research Endowment Program and recent investments in the program. The Committee urges NIMHD to increase funding available to existing grantees and continue to expand and assist eligible institutions receiving grants with this additional funding through a competitive process.

JOHN E. FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN  
THE HEALTH SCIENCES

Appropriations, 2025 .....	\$95,162,000
Committee recommendation .....	95,162,000

The Committee provides \$95,162,000 for the Fogarty International Center [FIC].

*Fogarty International Center [FIC].*—The Committee recognizes the need to support resources for FIC for its work in strengthening health research systems, training infectious disease researchers, and improving pandemic preparedness in low- and middle-income countries [LMICs]. FIC supports cross-cutting research and research training programs that apply to a broad range of health threats, enabling grantees and trainees to anticipate and respond effectively to new global challenges. Programs within FIC support training for researchers in the development and use of powerful tools such as data science, mobile health, and bioinformatics, which are applied to anticipating and controlling a wide range of global health threats that could impact the United States. The Committee encourages FIC to continue to expand training and research partnerships with schools and programs of public health and related academic institutions in support of this core mission. In addition, the Committee supports expanding FIC's role in pandemic pre-

paredness and research capacity building, including by strengthening international coordination, increasing capacity for computational modeling and outbreak analytics, and supporting research to reduce health disparities and improve implementation of health interventions in low-resource settings.

*Global Infectious Disease Research Training Program.*—The Committee recognizes that building a critical mass of researchers in developing countries is essential to controlling infectious diseases. Such researchers are key to generating new strategies for disease prevention and treatment. Therefore, the Committee urges FIC to prioritize funding for the Global Infectious Disease Research Training Program.

#### NATIONAL LIBRARY OF MEDICINE

Appropriations, 2025 .....	\$497,548,000
Committee recommendation .....	497,548,000

The Committee provides \$497,548,000 for the National Library of Medicine [NLM].

*Data Initiative.*—The Committee supports the transformation of NLM from its traditional role as a repository of data and research results to one where it serves as an active hub coordinating the use of ever-expanding data resources and facilitates researcher access to advanced analytics, including artificial intelligence and machine learning techniques. The Committee encourages NLM to expand the data storage capabilities and datasets necessary to establish a federated biomedical research data sharing infrastructure that features a centralized catalog of data holdings and use models to advance information science, analytics, and data science, and support the application of artificial intelligence in biomedical research. NLM is directed to provide an update on these efforts within 120 days of enactment.

*Epitranscriptomics Database Standards.*—The Committee recognizes the recent release of the National Academies of Sciences, Engineering, and Medicine [NASEM] report “Charting a Future for Sequencing RNA and Its Modifications” in March 2024. The Committee notes the report’s recommendation that clear and consistent standards for data and databases need to be established to facilitate data access and sharing. Given that NLM’s National Center for Biotechnology Information [NCBI] collaborates with the scientific community to support development of standards for databases and biological nomenclature, among other responsibilities, the Committee urges NCBI to support the establishment of data and database standards for epitranscriptomics in collaboration with the scientific community consistent with the NASEM report recommendation, and include an update on this effort in the fiscal year 2027 CJ.

#### NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2025 .....	\$928,323,000
Committee recommendation .....	938,323,000

The Committee provides \$938,323,000, an increase of \$10,000,000, for the National Center for Advancing Translational Sciences [NCATS].



*Clinical and Translational Science Awards [CTSA] Program.*—The Committee provides \$629,560,000 for the CTSA program, the same as the fiscal year 2024 enacted level. Well-resourced and fully supported U-awards form the backbone of the CTSA program and any ongoing changes to grants and awards mechanism for CTSA should maintain this focus to ensure hubs continue to have flexibility and stability, as well as thrive and provide an effective core that drives this critical national network forward, including developing localized partnerships, and effectively training the next generation of researchers while enhancing research capacity. The Committee reiterates that NCATS should continue to support at least 60 sites and that any hub that successfully recompetes for funding should continue to receive at least 95 percent of its previous level of support, if such an amount is requested. U-awards should continue to form the primary base of support so that hubs have flexibility and stability, can continue to develop localized partnerships, and can effectively train the next generation of researchers while enhancing research capacity. While the Committee recognizes optional funding opportunities which were previously incorporated into the prior single application offer a higher level of institutional funding support, NCATS must ensure these opportunities do not diffuse the focus of CTSA and create challenges to ongoing national collaborative. The Committee also notes the work of the IDeA Clinical and Translational Research centers and urges increased collaboration between these programs.

*Collaboration with Business Incubators.*—The Committee commends NCATS for working with grantees to leverage its mission by including nonprofit business incubators that host small to mid-size life science, research, and biotechnology companies that use service-based approaches to nurture and guide their member companies to success. The Committee urges NCATS to continue proactive outreach to redouble its efforts to leverage its mission by exploring opportunities or potential collaborations with business incubators that host small to midsize science, research and pharmaceutical companies that use service-based approaches to nurture and guide their member companies to success. The Committee encourages NCATS to continue to use Administrative Supplements to existing CTSA contracts to fulfill this objective.

*Community-led Health Research/Community partnerships or ComPASS program.*—The Committee applauds NIH for its efforts to directly fund community organizations to create and test interventions in partnership with academic researchers who codesign interventions to improve people's health, well-being, and quality of life. The Committee is concerned about the abrupt termination of this program and encourages the NIH director to reevaluate and reinvest in the ComPASS and other similar initiatives.

*Cures Acceleration Network [CAN].*—The Committee continues to provide \$75,000,000 for the CAN to reduce barriers between research discovery and clinical trials.

*Full Spectrum of Medical Research.*—The Committee applauds NIH efforts to support and advance the full spectrum of medical research, which ensures breakthroughs in basic science are translated into therapies and diagnostic tools that benefit patient care while disseminating cutting-edge information to the professional

community. The Committee notes the importance of flagship initiatives, including the CTSA program, to these important efforts.

*National Clinical Cohort Collaborative [N3C].*—The Committee continues to support N3C's open-science, privacy-preserving data-sharing platform to accelerate biomedical research and discovery. Supported by the CTSA Program, N3C links de-identified electronic health record data with other types of data such as imaging, mortality, and Medicare and Medicaid data from CMS to answer key research questions on a variety of diseases, with two diseases being piloted. The Committee supports the continuation of N3C and encourages NCATS to continue coordinating with other HHS agencies to make N3C available as an underlying common real-world data platform to drive faster discovery across a range of diseases and maximize the Federal research investment by creating a reusable data infrastructure. Within 1 year of enactment, the Committee requests NCATS provide a 5-year strategic plan and recommendations for expanding the N3C platform.

*Rare Disease Research.*—The Committee recognizes the important impacts NCATS has in addressing rare disease, directly funding research that resulted in 55 Investigational New Drugs and 14 approved therapies, and provides a \$10,000,000 increase for rare disease research. The Committee encourages NCATS to leverage the investments made in NCATS rare disease research to accelerate the development of new treatments for the 95 percent of rare diseases with no approved treatment, to strengthen the innovation of diagnostics to shorten the average 5 year-long diagnostic odyssey, and to lower the nearly \$1,000,000,000,000 annual economic burden of rare diseases. The Committee urges NCATS to increase funding for rare disease research, helping to grow the newly created Division of Rare Diseases Research Innovation and accelerate the development of new treatments. Finally, the Committee notes that 11 NCATS' Rare Disease Clinical Research Network [RDCRN] renewal grant applications were terminated in April 2025 due to implementation of a new NIH foreign subaward policy. This decision jeopardizes more than a decade of progress in clinical trials, natural history research, and the development of clinical care guidelines for rare diseases that impact thousands of patients enrolled in these studies. The Committee notes that on June 5, 2025, NIH issued the grant opportunity PAR-25-438 to allow affected consortia to reapply for funding to be awarded in fiscal year 2025. The Committee is concerned that NIH has not awarded these grants, and that funding for these consortia will expire in September 2025. Therefore, within 30 days of enactment and monthly thereafter, the Committee directs NIH to provide a briefing to the Committees on Appropriations on efforts to award RDCRN grants that were submitted in response to PAR-25-438 until funding has been awarded.

*Translational Science.*—The Committee recognizes the important work of NCATS-funded CTSA in supporting innovation and job creation. The Committee also understands that many commercially promising and potentially lifesaving inventions from CTSA are often translated into FDA-approved and commercially available products. The Committee understands that there can be limitations in commercialization knowledge and resources available. The Com-

mittee therefore urges NCATS to continue to work with CTSAAs to provide opportunities to translate research.

#### OFFICE OF THE DIRECTOR

Appropriations, 2025 .....	\$2,605,514,000
Committee recommendation .....	2,460,514,000

The Committee provides \$2,460,514,000 for the Office of the Director [OD]. Within this total, \$572,401,000 is provided for the Common Fund, and \$12,600,000 is included for the Gabriella Miller Kids First Research Act (Public Law 113–94).

*ADRD Clinical Trial Diversity/Health Equity.*—The Committee recommends that NIH fund or conduct Black/African American-, Latino/Hispanic- and women- only research studies to better understand the underlying etiology of cognitive impairment and dementia in these groups that have disproportionately higher prevalence of disease.

*Advancing Clinical Trials Through Subawards.*—The Committee is concerned about the impact of the Administration’s policy to prohibit scientists from directing any funding to international research partners and the impact on clinical trials and human subjects research. Pediatric cancer, rare disease, HIV and infectious disease research rely on clinical trial participants and biospecimens from foreign countries in order to aggregate enough samples or patients for robust research. The Committee directs NIH to allow reimbursements and other funding arrangements with research partners abroad to foster pediatric cancer, rare disease, HIV and infectious disease research.

*Advisory Councils.*—Advisory councils are a fundamental part of NIH’s grant making process. The Committee notes that NIH recently disbanded or terminated several of its advisory councils and boards established under the Federal Advisory Committee Act [FACA] to provide advice and recommendations to the NIH Director, Institute and Center [IC] Directors, and senior scientific staff. This includes the Advisory Committee to the Director [ACD], several IC advisory councils, and many other special emphasis panels and study section review groups, all of which are part of NIH’s grant making process. The Committee notes that the process for selecting members on FACA Committees is rigorous and time consuming, usually requiring 2 years of screening candidates through a series of background and ethics checks, formally nominating them, and seeking agency and Department approval. Within 30 days of enactment, the Committee directs NIH to brief the Committees on Appropriations on the status of NIH’s FACA advisory councils and boards. Such briefing shall include a detailed list of every NIH FACA advisory council, board, committee, special emphasis panel, and study section that has been terminated, disbanded, or had its members dismissed since December 2024, and a justification for each instance. The Committee also directs the NIH Director to provide a separate briefing to the Committees on Appropriations on the disbanding of the ACD, and the selection criteria applied to select new members. Finally, within 90 days of enactment, NIH is directed to provide a report to the Committees on Appropriations regarding the agency’s plan to reconstitute its FACA Ad-

visory Councils, particularly any IC Advisory Councils that have been disbanded or terminated.

*Advancing Novel Alternative Methods Research.*—The Committee is encouraged by many of the insights and recommendations of the Advisory Committee to the Director [ACD] Working Group on Catalyzing the Development and Use of Novel Alternative Methods [NAMs] to Advance Biomedical Research, detailed in the December 2023 Report to the ACD and accepted by NIH in February 2024. The Committee acknowledges that NAMs complement understanding of human biology and advance human health. Within 18 months of enactment, NIH is urged to publish a report on the allocation of funds specifically designated for research utilizing alternatives to animal testing. This report should include an estimate of the total amount of funding directed towards alternative research methods, the number of funded projects that use alternative methods, examples of the specific types of alternatives funded, and examples of research initiatives and their outcomes, including but not limited to publications, patents, or advances in non-animal testing methodologies. NIH shall ensure that this report is made available to the public via NIH's website and shall ensure the data is presented in a user-friendly format. NIH is encouraged to add a new Research, Condition, and Disease, Categorization [RCDC] in fiscal year 2026 to track NIH spending on NAMs.

*Alcohol and Polysubstance Misuse Research.*—The Committee is pleased to see NIH supporting research on alcohol and polysubstance use, and urges the Director to continue to support research in this area across the United States. Given the increasing prevalence of polysubstance-involved overdose deaths, particularly among rural and minority communities, the Committee also encourages the Director to support studies in rural and minority communities with high rates of mortality involving alcohol and polysubstance use.

*All of Us Research Program.*—The Committee provides \$31,000,000 for the All of Us Research Program.

*ALS Research, Treatments, and Expanded Access.*—The Committee provides a \$25,000,000 increase for ALS research within NINDS to reduce the burdens of people with ALS as quickly as possible. It is crucial for people living with ALS and people diagnosed with ALS in the future, that NIH dramatically grows its ALS portfolio and the research workforce with additional grant funding and increases its focus on research that will lead to measurable changes in the lives of people living with ALS. The Committee directs NIH to handle funding of expanded access grants as authorized by the Accelerating Access to Critical Therapies [ACT] for ALS (Public Law 117–79) as separate, not competitive with, funding for other research on ALS and includes \$100,000,000 for this purpose. Expanded Access Grants support scientific research utilizing data from expanded access to investigational drugs for people with ALS who are not eligible for clinical trials. The Committee requests NINDS include ALS clinics across the country in an ALS Clinical Research Network to increase capacity for research utilizing data from expanded access and other clinical research at geographically distributed sites. The Committee continues to direct NINDS and OD to brief the Committees prior to any execution of expanded ac-

cess grants or programmatic funding. Once awards are announced, the Committee directs NINDS and OD to provide the Committees with an explanation of the funded grants, including a clear breakdown of what the funding is to be used for. Furthermore, after the review and awards of meritorious applications under section 2, the Committee directs NIH to apply any unused funds to programs authorized under ACT for ALS including section 3 public-private research partnership. Finally, if sufficient eligible applications are not received, or NINDS has any reason to believe any funding should lapse, the ICs are directed to notify the Committees on Appropriations prior to notifications of awards. This notification shall include: (1) a detailed explanation as to why applications cannot be funded; (2) the technical assistance provided to applicants to assist them in submitting eligible grant applications; and (3) a proposed plan to award funding for other ALS research identified by the NIH ALS Strategic Priorities prior to the end of the fiscal year.

*Alzheimer's Disease [ADRD] and Parkinson's [PD].*—The Committee strongly encourages NIA and NINDS to expand the use of fiscal year 2026 and beyond AD/ADRD funding to fund projects studying dementia in PD. PD is the second most common and fastest growing neurodegenerative disease globally and is characterized by the abnormal folding of a protein in the brain, which is similar to what typically occurs in AD/ADRD. Channeling additional resources into research could help to unlock groundbreaking dementia-relevant discoveries in crucial areas like PD and other closely associated neurological disorders.

*Article Processing Charges for NIH-Funded Research.*—The Committee commends NIH for building on prior public access and data-sharing reforms to initiate a process to address rising Article Processing Charges [APCs] that scientific journal publishers often charge NIH-supported scientists to publish the findings of their federally-funded research. NIH, and the scientists it funds, must be good stewards of taxpayer dollars and obtain as much research value as possible from limited resources. The Committee directs NIH to work with the scientific community to inform development of an APC allowable charge limit and, as part of that process, to: account for different publishing models, particularly U.S.-based publishers focused on rigorous peer review and quality checks; support a robust American scientific research and publishing enterprise amid unprecedented global competition; and support the aims of gold standard science by establishing parameters to guard against potential abuses, including payment of APCs to journals that don't prioritize research quality and integrity. Within 90 days of enactment, NIH is directed to brief the Committee on these efforts and its work to engage scientific journals on reasonable, sustainable APCs moving forward.

*Artificial Intelligence/Machine Learning [AI/ML].*—The Committee provides \$135,000,000 for the Office of Data Science Strategy to support NIH's efforts to build capacity to leverage AI, ML and data science to accelerate the pace of biomedical innovation. The Committee encourages NIH to continue expanding the application of AI, ML, and data science across its research portfolio. The application of AI methods in biomedicine offer promising new approaches to screen for, detect, and diagnose health conditions, pre-

dict disease risk and progression, improve drug discovery, and optimize precision care for patients. However, the AI/ML research field lacks diversity in its researchers as well as in the data sets that it uses. Furthermore, new techniques are needed to incorporate ethics and trustworthiness into the design of new models. These gaps pose a risk of creating and continuing harmful biases in how AI/ML is used, how algorithms are developed and trained, and how findings are interpreted, ultimately leading to continued health disparities and inequities. The Committee supports efforts to increase diversity in AI/ML, including accelerating grants awarded through NIH's AI/ML Consortium to Advance Health Equity and Researcher Diversity [AIM-AHEAD] program. The Committee supports the memorandum of understanding [MOU] between NIH and the Department of Energy [DOE] focused on using advanced computing, quantum, and AI/ML for biomedical research and data sourcing. The Committee encourages NIH to continue coordinating with DOE to accelerate advances in precision oncology and scientific computing as part of the Cancer Moonshot program. The Committee continues to support collaboration between NIH and DOE to bring together biomedical scientists with computer scientists and other data science experts. The Committee also supports NIH's contributions to the National AI Research Resource [NAIRR] and the creation of AI ready datasets for the research community. The Committee encourages NIH to develop effective AI education and training pathways for the health research workforce, including trainees and senior scientists, to ensure the U.S. biomedical research workforce remains at the forefront of scientific discovery. These training resources should support biomedical researchers from diverse populations and backgrounds in the use of AI technologies to efficiently, accurately, and meaningfully process data for their research, as well as to participate in multi-disciplinary teams to develop new capabilities that advance biomedical AI. The Committee urges NIH to continue enhancing its infrastructure capabilities around data, computing, and software across the agency and within the research community. The Committee also urges NIH to coordinate with relevant intergovernmental partners to support this long-term mission.

*Autism Research.*—The Committee urges the Director to ensure that fiscal year 2026 NIH spending on research on Autism Spectrum Disorders [ASDs] meets the authorized funding level set by the Autism CARES Act of 2024, and ensure such research addresses the underlying biology, including genetics, environmental factors and their interaction, co-occurring medical conditions, and treatment and services needs, and includes the entire population of individuals with ASD, including those with profound autism. In addition, the Committee is concerned by reports that the OD awarded a noncompetitive, multi-million-dollar consulting contract for autism research that resulted in the abrupt termination of NIH's Chief Operating Officer. Within 30 days of enactment, NIH is directed to provide a report to the Committee on this incident. Such report shall include the contract, statement of work, determination and findings for the sole source justification, award decision documentation, and stop work order that was issued. Finally, the Committee notes that the Director's proposed Autism Real World Data

Platform [RWDP] is nearly identical to a proposal for an Alzheimer’s Disease Research RWDP that was proposed in 2023 that Congress expressed serious reservations about at that time. As a result of its concerns regarding NIH’s ability to carry out an RWDP, the Committee requested GAO conduct an audit of the proposal. The explanatory statement accompanying the fiscal year 2024 appropriations act urged NIH to pause funding any new awards under the proposal until GAO published a report that was underway but not yet completed, and to report to the Committees every 30 days on any effort related to RWDP. GAO’s subsequent July 2024 report (GAO–24–106886) found that NIH did not implement key leading practices for cost estimating and project management for the RWDP. The report findings show that the cost estimate for the RWDP is likely not accurate, comprehensive, or credible and that the proposal lacked a governance structure for achieving the project’s objectives or oversight. NIH then decided, at the urging of Congress, to not move forward with that proposal. Given this proposal is nearly identical to that, and NIH has never addressed the concerns with the earlier proposal, the Committee strongly urges NIH to pause funding any awards for the Autism RWDP and report to the Committee every 30 days after the date of enactment of this act on any effort related to RWDP.

*Biomedical Research Facilities.*—The Committee continues to provide \$80,000,000 for grants to public and nonprofit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under section 404I of the Public Health Service Act (42 U.S.C. 283k). The Committee urges NIH to make awards that are large enough to underwrite the cost of a significant portion of newly constructed or renovated facilities. The Committee also encourages NIH to allocate no less than 25 percent of funding for this program to institutions of emerging excellence, that could include those in IDeA States, to ensure geographic and institutional diversity.

*Biosecurity in Synthetic Nucleic Acid Synthesis.*—The Committee commends the multiple Federal efforts to advance the adoption of strong biosecurity standards for synthetic biology technologies. NIH and other agencies that fund life-sciences research are required to establish that, as a requirement of funding, synthetic nucleic acid procurement is conducted through providers or manufacturers that adhere to the Framework for Nucleic Acid Synthesis Screening. Moreover, NIH should also explore approaches to encourage the purchase of domestically produced synthetic genetic materials and tools to protect U.S. intellectual property. The Committee requests an update within 90 days of enactment on NIH’s ongoing work to advance the adoption of strong biosecurity standards for synthetic biology technologies.

*Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative.*—The Committee continues to support the BRAIN Initiative which is revolutionizing our understanding of the brain and fostering discoveries, collaborations, and partnerships that will lead to treatments and cures for brain and central nervous system diseases, disorders, and injuries. The BRAIN Initiative is an ambitious program to develop and apply new tools and technologies to answer fundamental questions about the brain and ulti-

mately to inspire new treatments. The BRAIN Initiative promotes scientific advances that provide opportunities to understand the structure and function of the brain at an unprecedented level of detail, helping bring advanced treatments for brain disorders to clinical use and paving the way for tools that will fundamentally transform and improve the future of biomedical research. The Committee provides a \$12,000,000 increase for the BRAIN Initiative. The Committee requests a briefing on the BRAIN Initiative about the progress and achievements of the key projects and studies it is supporting with these funds by reporting on their objectives and anticipated/actual outcomes within 90 days of enactment.

*Cell and Gene Therapies.*—Newly approved cell and gene therapies provide enormous promise for patients with conditions ranging from various cancers such as lymphoma and multiple myeloma to inherited blood disorders like hemophilia, sickle cell disease and beta thalassemia. Long-term data from clinical trials and real world experience are needed for researchers, practitioners, and patients to understand the long-term effects and potential toxicities associated with these therapies. The Committee encourages NIH to explore these issues by holding a workshop with the relevant Federal agency representatives, including FDA and NIH, and expert stakeholders on this topic and requests an update in the fiscal year 2027 CJ.

*Cephalopod Research.*—The Committee recognizes that there are no federally required welfare standards for the use of cephalopods in federally-funded research because all invertebrate animals are excluded from the Public Health Service [PHS] Policy on the Humane Care and Use of Laboratory Animals, which provides certain welfare standards for vertebrate animals. The Committee recognizes that implementing and complying with the PHS Policy requires reference to guidelines in the Guide for the Care and Use of Laboratory Animals [the Guide], which does not currently include cephalopod-specific welfare guidelines, and updates to which are overseen by the National Academies of Sciences, Engineering, and Medicine [NASEM]. The Committee also recognizes that researchers must still justify their use and numbers when proposing research seeking NIH funding. The Committee acknowledges that other countries have established oversight requirements for cephalopods when used in government-funded research. The Committee encourages NIH to consider developing guidance for the humane care and use of cephalopods in NIH-supported research, including possibly expanding the definition of “animal” in the PHS Policy to include cephalopods.

*Childhood Post-Infectious Neuroimmune Disorders/PANS/PANDAS.*—The Committee is concerned that although NIH supports research on Pediatric Acute-Onset Neuropsychiatric Syndrome [PANS] and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus [PANDAS], significantly more needs to be done. Understanding the causes, diagnosis, and treatment of these life-threatening diseases is essential to expedite early identification and intervention, thereby reducing the risk of chronic illness and associated costs to families, school systems, healthcare systems, and insurers. PANS/PANDAS research also would further the understanding of the critical link between neuropsychiatric ill-



ness and COVID-19 and other infections. The Committee encourages NIH to continue to prioritize research on PANS/PANDAS and related to autoimmune encephalitic conditions, and requests an update in the fiscal year 2027 CJ.

*Chimpanzees.*—The Committee is pleased that NIH has relocated the remaining chimps from Holloman Air Force Base in Alamogordo, New Mexico to Chimp Haven. The Committee underscores the importance of compliance with Public Law 106-551, the Chimpanzee Health Improvement, Maintenance, and Protection Act, which mandates the retirement of chimpanzees owned or supported by the Federal Government to appropriate sanctuary care. The Committee directs NIH to submit a report to the Committee no later than 180 days after enactment regarding the chimpanzees transferred from Alamogordo Primate Facility at Holloman Air Force Base in New Mexico to the Chimp Haven sanctuary in Louisiana. The report shall include a complete accounting of the number of chimpanzees relocated; the dates of transport and mode of transportation used; information on the health status of each chimpanzee prior to transport; a detailed summary of any health complications, injuries, or deaths that occurred during or after the relocation, including the cause(s) of any such outcomes; an assessment of the current health and wellbeing of the transferred chimpanzees at Chimp Haven; any additional measure NIH and its contractors have taken or plan to take to ensure the safe and humane transport of federally owned chimpanzees in the future.

*Common Data Elements [CDEs].*—The Committee applauds the Office of Data Science Strategy for issuing a request for information [RFI] to stakeholders focused on developing CDEs and for convening a workshop on this topic. The Committee recognizes the importance of CDEs in facilitating research activities and fostering collaboration amongst the research and healthcare communities. CDEs are instrumental in standardizing data collection, enhancing data quality, and enabling more effective data sharing and analysis, particularly in complex areas such as autoimmune and immune-mediated diseases. The Committee encourages NIH to build upon the RFI and workshop and to develop a plan to work with stakeholders, particularly in the autoimmune and immune-mediate communities, to develop and advance the use of CDEs.

*Common Data Elements for Women's Health.*—The Committee recognizes the continued need to develop common data elements [CDEs] related to women's health that will help researchers share and combine datasets, promote interoperability, and improve the accuracy of datasets when it comes to women's health. The Committee encourages the Office of Data Science Strategy [ODSS] to collaborate with the Office of Research on Women's Health [ORWH] and Institutes and Centers to prepare a roadmap for developing new NIH-endorsed CDEs to capture more data about women's health in both research and clinical settings. In addition, the Committee urges NIH to launch a data resource to better coordinate and integrate investments in women's health research across NIH. The Committee encourages ODSS and ORWH to engage outside stakeholders, including professional societies and patient organizations, in this work, as appropriate. NIH is directed to

provide an update on relevant activities within 90 days of enactment.

*Common Fund.*—The Committee acknowledges the role of the NIH Common Fund in advancing biomedical research and fostering innovative research collaborations across various NIH Institutes, Centers, and Offices to catalyze discovery across all biomedical research, and to create a space where investigators and multiple NIH Institutes, Centers, and Offices collaborate to address scientific challenges and opportunities that are high-priority for NIH as a whole. The Committee encourages the Common Fund to consider establishing an RNA Project [RNome] to support this work. The Committee requests an update on Common Fund projects in the fiscal year 2027 CJ.

*Compensation for Trainees and Early Career Researchers.*—The Committee appreciates that the future of U.S. economic competitiveness and our Nation’s ability to address national, economic, and health security threats depends on sustaining a robust STEM workforce. Ensuring individuals from communities that are under-represented in the STEM field can enter and sustain a career as part of the STEM workforce is essential to strengthening the research workforce going forward. The Committee is deeply concerned that entrenched financial barriers are increasingly deterring graduate and postdoctoral students, particularly those from under-represented communities, from pursuing STEM careers. The lack of Cost-of-Living Adjustments [COLAs] can make it financially unrealistic for postdoctoral scholars to accept positions, particularly in high-cost areas; areas in which academic medical centers are located. The Committee commends NIH for proposing meaningful increases in stipends for postdoctoral scholars. These increases take a significant step towards returning National Research Service Awards [NRSA] to their inflation-adjusted pre-pandemic levels and brings the agency closer to offering real dollar increases in the stipend of early career researchers that are needed to ensure a strong STEM workforce.

*Denying Foreign Access to Americans’ Sensitive Health Data.*—The Committee is concerned that NIH does not have proper protocols to restrict the ability of foreign adversaries from accessing sensitive data within NIH databases. Therefore, the Committee directs the Director, within 30 days of enactment, to report on its processes to maintain, update, publish and implement user authentication protocols to restrict the ability for foreign adversary entities, as defined in 15 CFR section 7.4, to access the databases.

*Developmental Delays.*—The Committee continues to provide \$10,000,000 for research on developmental delays, including speech and language delays in infants and toddlers, characterizing speech and language development and outcomes in infants and toddlers through early adolescence. The Committee urges NIH to support research which may include longitudinal studies, translation of research into clinical practice, and novel approaches to study children with speech and language delays to provide parents, teachers, pediatricians, and other caregivers with the information they need to help late talking children grow and thrive in school and other social environments.

*Diet and Chronic Disease Research.*—The Committee commends NIH for convening a scientific workshop in August 2024 that explored the role food and diet play in developing mucosal immunity for conditions such as Crohn’s disease, ulcerative colitis, and other digestive and autoimmune or immune-mediated diseases. The Committee is also aware of the increasing interest in research focused on preventing Inflammatory Bowel Disease including research on environmental and dietary factors that may trigger these conditions. The Committee urges NIH to build upon these activities across NIH and consider opportunities to better coordinate ongoing and emerging efforts through a Food is Medicine Network or Centers of Excellence program.

*Emerging Technologies.*—The Committee commends NIH for seeking new mechanisms to partner with other Federal agencies, such as its partnership with the National Science Foundation on emerging technologies such as quantum information sciences and quantum technologies, bioengineering and synthetic biology, artificial intelligence, and digital twins. As these programs are developed, the agencies are encouraged to find mechanisms to continue activities at the intersections of robotics, biomechanics, disabilities, and chronic pain. The National Robotics Initiative supported these efforts and now that it has sunsetted the agencies should ensure new mechanisms to foster collaboration between biomedical researchers and engineers, computer and physical scientists, and other disciplines to ensure progress on critical health challenges are considered.

*Environmental Influences on Child Health Outcomes [ECHO].*—The Committee includes \$180,000,000, for the ECHO program. ECHO currently funds the Navajo Birth Cohort Study. The Committee encourages expanding the study to include a larger representation of Navajo children in the cohort to allow for a better understanding of the impacts of environmental exposure in the Navajo Nation.

*Expanding Support for Young Investigators.*—NIH has been criticized for funding too many late career scientists while funding too few early career scientists with new ideas. The Committee is concerned that the average age of first-time R01 funded investigators remains 42 years old. More than twice as many R01 grants are awarded to investigators over 65 than to those under 36 years old. The Committee appreciates NIH’s efforts to provide support for early-career researchers through several dedicated initiatives, including the NIH Director’s New Innovator Award, Next Generation Researchers Initiative, Stephen Katz award, and the NIH Pathway to Independence Award. The Committee encourages NIH to continue supporting these important initiatives and to expand support for early career researchers by increasing the number of award recipients for these programs in future years. The Consolidated Appropriations Act, 2024 (Public Law 118–122) directed NIH to provide a “professional judgement” budget to the Committee to grow and retain the early career investigator pool, accelerate earlier research independence, and ensure the long term sustainability of the biomedical research enterprise. Building off of these efforts, the Committee directs NIH to provide an update on the activities to grow and retain early career investigators.

*Facilities and Administrative Costs [F&A].*—The F&A cost of a grant is intended to cover the indirect costs of biomedical research, ranging from administration and facilities to the cost of equipment shared across multiple researchers. For example, at research facilities focused on making the next breakthrough in cancer treatment, indirect costs supply the air handlers that provide the precise conditions needed to generate therapeutic T cells for immunotherapy trials, complex data systems to analyze and protect patients' genomic data, and support for the next generation of scientific leaders. The methodology for negotiating indirect costs has been in place since 1965, and rates have remained largely stable across NIH grantees for decades. The Committee recognizes that this has been essential for supporting federally-funded research at institutions across the country. The Committee acknowledges that optimizing indirect cost rates can further enhance the efficiency of research, including benefiting early career researchers and smaller institutions. But the Committee notes the administration similarly proposed to cap NIH's indirect cost rate at 15 percent in 2018, which Congress rejected by including a general provision prohibiting that in the fiscal year 2018 appropriations Act, which has been continued thereafter. The Committee notes that several major national associations representing academic and research institutions launched the Joint Associations Group [JAG] on Indirect Costs to develop transparent, equitable, and efficient alternatives to the current Federal indirect cost reimbursement system. Together, these subject matter experts from major public and private research universities, independent research institutes, academic medical centers, industry, foundations, hospitals, Federal research laboratories, and leading higher-education associations are developing new models for funding indirect costs on Federal research grants as potential replacements for the current Federal F&A reimbursement model. The Committee looks forward to reviewing the JAG's proposal to develop and implement an optimized, new government-wide model for indirect costs reimbursement and in anticipation of that effort maintains its longstanding bill language prohibiting NIH from developing or implementing a modified approach to funding F&A costs.

*Firearm Injury and Mortality Prevention.*—The Committee provides \$12,500,000 to conduct research on firearm injury and mortality prevention. Given violence and suicide have a number of causes, the Committee recommends NIH take a comprehensive approach to studying these underlying causes and evidence-based methods of prevention of injury, including crime prevention. All grantees under this section will be required to fulfill requirements around open data, open code, pre-registration of research projects, and open access to research articles consistent with the National Science Foundation's open science principles. The Director is to report to the Committees within 30 days of enactment of this act on implementation schedules and procedures for grant awards, which strive to ensure that such awards support ideologically and politically unbiased research projects.

*Focused Ultrasound.*—The Committee understands focused ultrasound is a non-invasive, non-pharmacological, relatively safe, and cost-effective alternative or complement to conventional sur-

gery, radiation, or drug-based treatments that holds tremendous promise to treat numerous debilitating conditions and diseases including Alzheimer's breast cancer, gynecological cancers, uterine fibroids, and endometriosis, and substance abuse disorder. The Committee encourages NIH continue to engage with the focused ultrasound stakeholder community and requests a briefing on efforts to increase focused ultrasound research funding within 120 days of the enactment.

*Food As Medicine.*—The Committee is aware of the strategic goal within the Strategic Plan for NIH Nutrition Research focused on improving the use of food as medicine and is interested in how certain foods, which are prescribed to support management of a specific condition and administered under physician supervision, impact the lives of patients, for example those with digestive diseases including Crohn's disease and ulcerative colitis. The Committee urges NIH to support research on the efficacy of 'food as medicine' strategies to treat various diseases and conditions.

*Forced Swim Test and Tail Suspension Test.*—The Committee is encouraged by NIH efforts to decrease the use of animal models in research, but remains concerned about the use of certain neurobehavioral approaches, such as the forced swim test and tail suspension test, which are known to have poor predictive value for understanding human mental illness, like depression, or developing effective therapeutics. The Committee acknowledges that other countries have limited the use of the forced swim test due to scientific and animal welfare concerns. The Committee urges the NIH to limit funding for grants involving the forced swim test or tail suspension test. The Committee also encourages NIH to continue to increase support for human-specific mental health and behavioral research, including imaging, epidemiological, clinical, computational, and cell-derived approaches, that can provide more translational insights into the underlying neurobiology of human mental illness.

*Foreign Adversaries.*—The Committee is concerned about funding for research at any laboratory owned or controlled by the governments of the People's Republic of China, the Republic of Cuba, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Russian Federation, the Bolivarian Republic of Venezuela under the regime of Nicolas Maduro Moros, or any other country determined by the Secretary of State to be a foreign adversary. The Committee requests a report on any such research within 30 days of enactment.

*Foreign Influence.*—To support NIH's efforts to expeditiously complete grant compliance reviews, the Committee continues to include \$2,500,000 for this activity within the Office of Extramural Research. The Committee directs NIH to provide biannual briefings on compliance, oversight, and monitoring reviews where non-compliance related to foreign interference has been identified.

*Fund the Person, Not the Project.*—While many labs are funded by R01-equivalent grants, the R35 mechanism arguably allows scientists more flexibility and freedom to pursue the most meritorious science. The Committee looks forward to reviewing NIH's plans for expanding the R35 along with its plans for evaluating the impact

on scientific progress, as directed in the Consolidated Appropriations Act, 2024 (Public Law 118–122).

*Global Cohort for Alzheimer’s Treatment.*—More than 57 million people worldwide are living with dementia, including more than 7.2 million Americans with Alzheimer’s disease. The disease does not affect everyone equally: in the United States two-thirds of people living with Alzheimer’s disease are women. Black people are twice as likely and Latino people are one and one-half times as likely to develop Alzheimer’s than Caucasian people. It is believed that there are disparities in Alzheimer’s disease both between and within nations around the world, including between men and women and members of different ethnic groups. In order to ensure that treatments work for the greatest number of people possible, the Committee urges the National Institutes of Health to provide an update in the fiscal year 2027 Congressional Justification on activities related to global cohort studies or networks with high-quality data on a well-characterized, diverse population, readily available to researchers. The Committee expects that one potential outcome for such a cohort or network of global cohorts would be an increase discovery of targets for drug development and associated biomarkers.

*Harassment Policies.*—NIH has taken major steps over the last several years to address harassment in biomedical research settings. However, the Committee remains frustrated by statutory loopholes that fail to protect victims of harassment and prevent perpetrators from transferring grants between organizations. In 2020, NIH clarified the longstanding requirement for institutions to seek prior approval when changing personnel on a grant or moving the grant to a new institution. The request for approval was expected to mention whether the change was related to concerns about safety or work environments (e.g. due to concerns about harassment, bullying, retaliation, or hostile working conditions). These notifications allow NIH to make informed decisions about any changes to awards including requests to transfer awards to a new institution. Additionally, new authority provided by the Consolidated Appropriations Act, 2022 (Public Law 117–35) made it mandatory for institutions to inform NIH of disciplinary actions taken against senior or key personnel, regardless of whether they prompted changes including transferring a grant between institutions. If an ongoing investigation is incomplete and the individual under investigation leaves their current position, however, NIH lacks the authority to require recipient organizations to complete the report or share its findings with the agency. To address this issue, the Committee has included a new general provision to require institutions that receive NIH funding to complete any investigation undertaken due to concerns about harassment, bullying, retaliation, or hostile working conditions, even if during the course of the investigation the individual under investigation leaves their current position and is no longer employed by the institution. NIH is directed to continue to provide annual updates to the Committees on holding both NIH-funded institutions and researchers accountable for such incidents, including through the loss of Federal funding. In addition, the Committee is concerned that current regulations do not allow NIH to act quickly and independently to suspend or

debar perpetrators. The Committee urges NIH to issue regulations implementing Executive Order 12549 and Executive Order 12689. Such regulations would provide NIH with the authority to issue a government-wide debarment, thereby preventing individuals or entities from participating in any government contracts, subcontracts, loans, grants, and other assistance programs for a specified period. Finally, the Committee directs NIH to share investigation reports, conclusions, and the results of any investigation involving senior/key personnel on an NIH award due to concerns about harassment, bullying, retaliation, or hostile working conditions with another NIH recipient organization on a need-to-know basis.

*Health Impacts on Children of Technology and Social Media Use.*—The Committee remains concerned about the impacts of technology use and media consumption on infant, children, and adolescent development. The Committee appreciates NIH’s ongoing engagement on this important topic and encourages NIH to prioritize research into the cognitive, physical, and socioemotional impacts of young people’s use of technologies as well as long-term developmental effects on children’s social, communication, and creative skills. The Committee also encourages NIH to study potential correlations between increased use of digital media and technologies and suicidal thoughts and ideation among children. The Committee encourages NIH to consider different forms of digital media and technologies, including mobile devices, smart phones, tablets, computers, and virtual reality tools, as well as social-media content, video games, and television programming. The Committee encourages collaboration between NIMH and NICHD for these activities. The Committee requests an update on these activities within 120 days of enactment.

*INCLUDE Initiative.*—The Committee includes no less than \$90,000,000 within OD for the INCLUDE Initiative. The Committee remains pleased with NIH’s focus on large cohort studies across the lifespan, novel clinical trials, and multi-year, NIH-wide research driving important advances in understanding immune system dysregulation, Alzheimer’s disease, and leukemia that is contributing to improvements in the health outcomes and quality of life of individuals with Down syndrome as well as millions of typical individuals. The Committee requests that NIH provide an updated plan within 60 days of enactment of this act that includes a timeline and description of potential grant opportunities and deadlines for all expected funding opportunities so that young investigators and new research institutions may be further encouraged to explore research in this space. This plan should also incorporate an increase in pipeline research initiatives specific to Down syndrome.

*Long COVID Treatments.*—The Committee remains concerned about the economic and overall health impact that Long COVID inflicts on the Nation. It is currently estimated that between 6 percent and 19 percent of those infected with SARS-CoV-2 go on to develop Long COVID, resulting in up to 20 million Americans suffering from this set of debilitating chronic symptoms. Long COVID is characterized by a wide range of symptoms including severe fatigue, non-restorative sleep, cognitive dysfunction, and widespread pain. Further, it resembles other post-acute infection syndromes

[PAISs], such as fibromyalgia, myalgic encephalomyelitis/chronic fatigue syndrome [ME/CFS] and related conditions, known as chronic overlapping pain conditions [COPCs] or nociplastic syndromes. While the Committee is pleased that NIH's HEAL and RECOVER initiatives plan to target some specific symptoms of Long COVID, the Committee is concerned that NIH has not expanded the evaluation of treatments to address many common symptoms associated with Long COVID either individually or that present as syndromes which are combinations of symptoms. Furthermore, NIH's research program has defined Long COVID narrowly, excluding many of the common symptoms plaguing Long COVID sufferers. In June 2024, NASEM released the 2024 NASEM Long COVID Definition, which encompasses extensive lists of the symptoms and diagnosable conditions that current science attributes to Long COVID. The Committee urges NIH to rebalance its research program to prioritize clinical trials in pursuit of effective treatments and to use the NASEM Long COVID definition to guide its choice of symptoms and conditions to be addressed by the candidate treatments. Such trials should target key symptoms and symptom complexes associated with Long COVID including widespread pain, fatigue, non-restorative sleep, brain fog, dizziness, post-exertional malaise [PEM], postural orthostatic tachycardia syndrome [POTS] and loss of taste and smell. Further, the Committee urges NIH to prioritize the support of clinical trials evaluating therapies for Long COVID including therapies that have demonstrated efficacy in treating COPCs or nociplastic syndromes that overlap with Long COVID.

*Lyme Disease and Related Tick-Borne Illnesses.*—The Committee includes not less than \$110,000,000, an increase of \$10,000,000, for research into Lyme and other Tick-Borne diseases. The Committee urges NIH to develop new tools that can more effectively prevent, diagnose, and treat Lyme disease, including its long-term effects, and other tick-borne diseases. The Committee encourages the promotion and development of potential vaccine candidates for Lyme disease and other tick-borne diseases. The Committee urges NIH to conduct research to better understand modes of transmission for Lyme and other tick-borne diseases. The Committee encourages NIH to incentivize new investigators to enter the field of Lyme disease and other tick-borne disease research. The Committee encourages NIH to coordinate with CDC on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and other illnesses.

*Made in America Research Equipment.*—The Committee continues to support efforts to reinforce the Nation's limited infrastructure to produce essential products for biomedical research such as medical devices, equipment, reagents, and consumables. The Committee strongly encourages NIH to develop a long-term plan for NIH grantees to give preference to and result in purchases directly from domestic manufacturers to the maximum extent possible. The Committee directs NIH to provide an update in the fiscal year 2027 CJ on steps it has taken to support this goal.

*Menopause.*—The Committee commends NIH for convening a stakeholder workshop to discuss research needs, and requests a



briefing within 90 days of enactment on remaining knowledge gaps, or other barriers, related to research, diagnostic testing, and treatments with respect to perimenopause, menopausal symptoms, and related health outcomes.

*Multi-Purpose Prevention Technologies.*—The Committee encourages NIH, and particularly NICHD and NIAID, to work with other Federal, public, and private sector partners to accelerate research, development and implementation of multipurpose prevention technologies that are effective, affordable, acceptable, and easy to deliver.

*Multi-Year Funding of Research Project Grants [RPGs].*—Historically, NIH research grants have been awarded for more than 1 year but funded incrementally wherein each year's commitment is obligated from that year's appropriation provided by Congress. The Committee notes that the fiscal year 2026 President's Budget States that in fiscal year 2026 NIH proposes to continue a fiscal year 2025 policy to reserve half of the agency's budget allocation for competing RPGs for awards that fully fund their outyear commitments as part of the initial grant obligation. The Committee is concerned about the impact of this policy on application success rates and that providing grantees with funding for every year of the RPG upfront would significantly reduce the number of grants NIH is able to fund. In fiscal year 2025 alone NIH estimates it will award 3,991 or 40 percent fewer new RPGs and application success rates for cancer research will decrease from 13.4 percent to 6.8 percent and success rates for NIA-funded research which overwhelmingly supports Alzheimer's disease research would decrease from 18.0 percent to 6.0 percent. The Committee directs NIH to submit a report within 60 days of enactment on grants and contracts that were forward funded for each fiscal year from 2019–2024 disaggregated by Institute, Center, and funding mechanism as well as on the number of new awards in fiscal year 2025 that were made under this mechanism by Institute and Center, the fiscal year 2025 decrease in the number of awards for each Institute and Center compared to fiscal year 2024, the number of grant applications from early career researchers received by NIH in fiscal year 2025, and the number and dollar amount of awards made to early career scientists using the multi-year funding model. Additionally, NIH is directed to provide the Committee with an analysis of the types of research funded by this model in fiscal year 2025, and the selection criteria to identify grants to be funded by the multi-year approach.

*National Security.*—The Committee believes that NIH should consider relevant national security issues when developing and executing the NIH-Wide Strategic Plan.

*Neurofibromatosis [NF].*—The Committee supports efforts to increase funding and resources for NF research and treatment at multiple Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, NIMH, NCATS, and NEI. Children and adults with NF are at elevated risk for the development of many forms of cancer, deafness, blindness, developmental delays and autism. The Committee encourages NCI to continue to support a robust NF research portfolio in fundamental laboratory science, patient-directed research, and clinical trials focused on NF-associated benign and ma-

lignant cancers. The Committee also encourages NCI to support preclinical research and clinical trials. Because NF can cause blindness, pain, and hearing loss, the Committee urges NEI, NINDS, and NIDCD to continue to support fundamental basic science research on NF relevant to restoring normal nerve function. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF have a higher chance of developing autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to continue their support of research investigations in these areas. Since NF2 accounts for some genetic forms of deafness, the Committee encourages NIDCD to expand its investment in NF2-related research. NF1 can cause vision loss due to optic gliomas. The Committee encourages NIH to expand its investment in NF1-focused research on optic gliomas and vision restoration.

*New Approach Methodologies.*—The Committee supports NIH Common Fund’s Complement Animal Research In Experimentation [Complement-ARIE] Program, intended to spur the development, standardization, validation, and use of new approach methodologies [NAMs] to more accurately model human biology. The Committee also encourages NIH, in new Announcements and other indications of funding opportunities, to continue consideration of NAMs as an option for areas of preclinical research when it is not appropriate to use human participants and where the use of NAMs has been demonstrated to support biomedical discoveries. The Committee further encourages NIH to collect and make publicly available a report that outlines how the use of vertebrate animal models in agency research contributes to the mission of NIH as well as efforts by the agency to encourage the use of new approach methods or strategies. This report should include examples of how other methods have been used in NIH research to reduce, replace, and refine the number of vertebrate animals used in research.

*NIH-Wide Effort on Women’s Health Research.*—The Committee commends NIH for its cross-cutting effort to transform women’s health across the lifespan, which will initially be supported by \$200,000,000 from NIH. This NIH-wide effort—a first step to transform the way we approach and fund women’s health research—will allow NIH to catalyze the ambitious, multi-faceted, interdisciplinary research projects that women need, such as research on the impact of perimenopause and menopause on heart health, brain health, and bone health. This coordinated, NIH-wide effort will be led by OD, ORWH, NIA, NHLBI, NIDA, NICHD, NIAMS, and any other Institutes and Centers deemed relevant by the NIH Director. The Committee urges NIH to continue to expand basic, clinical, and translational research into women’s health, including the mechanisms of endometriosis and other gynecological conditions, to identify early diagnostic markers, and develop new treatment methods. The Committee strongly encourages OD and all Institutes and Centers to dedicate additional funds and participate in this cross-cutting effort in fiscal year 2026, with a focus on grant opportunities to support research and education to improve women’s health in diverse settings across the United States. NIH is directed to provide an update on the progress and achievements of the key projects and studies supported by this NIH-wide effort by reporting

on their objectives and anticipated/actual outcomes within 90 days of enactment. Finally, within 30 days of enactment, the Committee directs NIH to produce a report on all NIH research grants concerning women's health that have been terminated or renewals that have been withheld since January 20, 2025, including the grant number, grant recipient, and justification for grant termination or funds withheld. Within 60 days of enactment, the Committee directs NIH to reinstate those grants that have been terminated, and provide weekly updates to the Committee on these efforts until they are complete.

*Notices of Funding Opportunities [NOFOs].*—The Committee directs NIH to post monthly on its website a list of the estimated publishing and award dates of funding opportunities it plans to announce for the subsequent 6 months. Additionally, to the extent practicable, the Committee directs NIH to post anticipated publishing and award dates of future funding opportunities in fiscal year 2027.

*Office of Nutrition Research [ONR].*—The Committee supports ONR's plan to establish Centers of Excellence in Food Is Medicine to advance research, education, patient care, and community outreach on the role of nutrition in preventing and treating diet-related chronic diseases. The Committee recognizes that food is medicine services, such as medically tailored meals and produce prescriptions, may improve health outcomes, reduce healthcare costs, and address health disparities among vulnerable populations. The Committee encourages NIH to collaborate with existing Food Is Medicine stakeholders in academia, healthcare, and the nonprofit sector to leverage their expertise and experience in this field. The Committee urges NIH to support research on the efficacy of 'food as medicine' strategies to treat various diseases and conditions, including Crohn's disease and ulcerative colitis. The Committee urges NIH to provide an update in the fiscal year 2027 CJ on the agency's plans to comprehensively invest in food is medicine research, including through Food is Medicine Centers of Excellence and collaborations with existing external stakeholders.

*Office of Research on Women's Health [ORWH].*—The Committee notes bill language that was included in the Consolidated Appropriations Act, 2022 (Public Law 117–103) that funding for ORWH be made available for direct grant making to address women's health research needs that are not being addressed by Institutes and Centers. The Committee provides \$106,480,000 in base funding for the Office of Research on Women's Health, an increase of \$30,000,000. The role of ORWH is to improve women's health research and research on sex and gender influences in health and disease within the NIH scientific framework to achieve equity in women's health across the lifespan. Congress is committed to prioritizing this research portfolio and ensuring ORWH has the resources it needs to help fulfill its mission. Within this amount, the Committee allocates \$10,000,000 to the Building Interdisciplinary Research Careers in Women's Health [BIRCWH] program with the goal of strengthening the workforce pipeline through mentorship of early career scientists engaged in women's health research. Recognizing the impact of the BIRCWH program, the Committee urges NIH to use these funds to support additional researchers focused

on women's health and sex differences, including research focused on cancer, maternal health, endometriosis, fibroids and pelvic floor disorders. The Committee expects NIH to use these funds to enhance the BIRCH program through research on health of women and female-specific diseases or conditions.

*Osteopathic Medical Schools.*—Colleges of Osteopathic Medicine educate 25 percent of all the Nation's medical students and prioritize research and training in primary care and rural and underserved healthcare. The Committee understands osteopathic medical schools and their principal investigators are welcome to review and apply for any NIH funding opportunities in the same way other organizations seeking NIH support do and that the same is true for Doctors of Osteopathy [D.O.s] on NIH National Advisory Councils and study sections. Further, the Committee recognizes the historic relationship between osteopathic medicine and the research priorities of NCCIH but that D.O.s have been designated on applications submitted to and awarded from other NIH Institutes and Centers. The Committee encourages NIH to continue engaging with researchers from Colleges of Osteopathic Medicine, encouraging them to apply for available funding opportunities across NIH Institutes and Centers, and requests an update in the fiscal year 2027 CJ of how Institutes and Centers are expanding research and representation opportunities for Colleges of Osteopathic Medicine.

*Pain and Addiction.*—The Committee commends NIH, NIDA, and NINDS for their focus on addressing addiction and developing alternatives to opioids for safe and effective pain management strategies that reduce reliance on opioids. In particular, NIDA and NINDS' commitment to research on improved pain management and prevention, treatment, and recovery from substance use disorders as part of NIH's HEAL Initiative continues to help fuel the next generation of scientists and clinicians focused on mitigating chronic pain with nonaddictive therapies and prevention and treatment of drug addiction. The Committee encourages NIH, NIDA, and NINDS to continue their efforts through the HEAL Initiative in fiscal year 2024, with a focus on grant opportunities to support research and education to improve outcomes for people with both chronic pain and addiction in diverse settings across the United States, particularly those located in areas with high incidence of people at risk for chronic pain, substance use, and overdose.

*Parkinson's Disease.*—The Committee applauds the significant recent advances in PD research made possible in part by public-private partnerships like the Accelerating Medicines Partnership for PD [AMP PD] that is a collaboration between NIH, nonprofit organizations (The Michael J. Fox Foundation for Parkinson's Research and Aligning Science Across Parkinson's Disease), and industry that has led to significant discovery. The goal of AMP PD is to identify and validate promising biological targets for therapeutics and to accelerate the development of novel therapies for PD. One of the AMP PD cohorts, the Michael J. Fox Foundation's Parkinson's Progression Markers Initiative [PPMI] program, independently replicated a potential biomarker for PD that may result in new diagnostics and treatments for this common, life-altering neurodegenerative disease. Continued partnerships with programs like PPMI may greatly advance the field of PD research. The Com-

mittee encourages NIH and NINDS to continue to participate in such public-private partnership opportunities with patient advocacy groups and build on these exciting discoveries to accelerate advances against PD.

*Peripheral Neuropathy.*—Peripheral neuropathy is a condition that affects 30 million Americans, many of whom experience considerable pain and disability. The Committee encourages NIH to develop a coordinated approach to the diagnosis and treatment of various types of peripheral neuropathy. There are several known causes, but more research is needed to better understand the multiple causes and manifestations of this debilitating condition.

*Primate Research Centers.*—The Committee includes \$30,000,000 in funding to remodel, renovate, or alter existing research facilities or construct new research facilities for non-human primate resource infrastructure, as authorized under 42 U.S.C. section 283k.

*Psychedelic Research.*—The Committee recognizes the increased interest and need to study psychedelics, including MDMA, ketamine, and psilocybin, and their potential therapeutic effects. The Committee encourages NIH to expand its current research agenda across its Institutes and Centers, potentially by forming a cross-Institute research group, and to encourage psychedelic research at the NIH Clinical Center. The Committee also encourages NIH to work with FDA in developing and supporting public-private collaborations to advance all forms of psychedelic research for therapeutic purposes.

*RCDC Funding Levels.*—The Committee provides discretionary funding for specified programs, projects, and activities [PPAs] according to the amounts included in this act and the report accompanying this act. For funding levels not specified in this act or the report accompanying this act, the Committee urges NIH as appropriate to maintain consistent funding in fiscal year 2026 for scientific categories included in the Research, Condition, and Disease Categorization [RCDC] system. The Committee directs NIH to notify the Committees on Appropriations regarding any deviation by more than 10 percent of the average annual funding level provided in fiscal years 2019–2024 for any RCDC category, and a justification for that deviation. Finally, the Committee directs NIH to provide quarterly briefings to the Committee on up-to-date RCDC expenditures.

*Reducing the Administrative Burden on Researchers.*—The Committee remains concerned about the status of NIH's implementation plans following a 2019 final report on administrative burden. The Committee reiterates the directives described in the Consolidated Appropriations Act, 2024 (Public Law 118–122).

*Replication and Reproducibility Experiments.*—The Reproducibility Project in Cancer Biology showed the difficulty in replicating cancer biology studies published in top journals. Given the importance of reproducibility in scientific research, the Committee encourages NIH to establish a program to fund replication experiments on significant lines of research. The Committee directs NIH to brief the Committee within 180 days of enactment on the reproducibility efforts NIH will undertake in fiscal years 2026 and 2027.

*Research on Enhanced Potential Pandemic Pathogens [ePPPs].*—The Committee commends NIH for its continued work with OSTP

and other Federal partners to ensure the safe and secure conduct of biomedical research, particularly as it relates to ePPPs. NIH is directed to provide guidance to research institutions regarding its updated policy through an implementation office, as outlined in the Consolidated Appropriations Act, 2024 (Public Law 118–122). The Committee continues to provide \$1,000,000 for this office to serve as a main point of contact for research institutions regarding ePPP policy, and develop tools and training guidance to strengthen risk-assessment, safety, security, and ethical considerations surrounding proposed ePPP research at research institutions. NIH shall provide annual reports to the Committee on the progress and activities of implementation. In addition, NIH is urged to review and, where appropriate, identify needed relevant authorities when considering appropriate actions for investigators and research institutions that fail to follow the research oversight framework under the policy. NIH may also consider additional approaches for promoting use of these or similar oversight procedures by research institutions that conduct life sciences research and do not receive Federal funding. NIH is directed to provide a report on these activities within 180 days of enactment.

*Research Training and Career Development.*—The Committee continues to be concerned about the health of the research training and career development pipeline that is crucial to ensuring the next generation maintains U.S. leadership in medical research and biotechnology. The challenges facing the full-spectrum of medical research, including the need for physician-scientists and clinical researchers, are particularly pronounced. NIH is encouraged to enhance and otherwise explore opportunities to bolster training grants, their infrastructures, and related mechanisms, including by leveraging opportunities in the CTSA program through timely investment with supplemental resources.

*Research Transparency.*—As demonstrated over the past several years, the Committee remains committed to funding NIH research and ensuring that our Nation’s researchers, particularly our early career scientists, have the support to make the scientific breakthroughs that may transform healthcare. However, it is critical that NIH can ensure funds are used for the best possible research that fulfill the core research mission of NIH. The Committee appreciates that in response to prior language, NIH continues to provide, in writing made available on a publicly accessible website, that each grant or agreement promotes efforts to seek fundamental knowledge about the nature and behavior of living systems and/or the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

*Restructuring NIH.*—The Committee notes that Congress established 24 NIH ICs in statute through section 401 of the Public Health Service Act (Public Law 106–525). The Committee further notes that section 401 of the Public Health Service Act (Public Law 106–525) requires that the Secretary provide the HELP Committee and the Committee on Energy and Commerce of the House of Representatives 180 days written notice of any determination to restructure or reorganize the functions of NIH’s ICs, which the committees have not received. The Committee commends NIH for reconvening the Scientific Management Review Board [SMRB], as di-

rected in the fiscal year 2024 appropriations Act, to review the overall research portfolio of the agency and advise on the use of organizational authorities, including eliminating ICs, creating new ones, and reorganizing existing structures. NIH is directed to provide a report to the Committee no later than 30 days after enactment on SMRB activities, and an annual report on SMRB plans and activities thereafter.

*Spending Practices.*—Congress appropriates funding to NIH to carry out its mission each fiscal year and NIH is statutorily required to obligate appropriations during their period of availability. For fiscal year 2025, Congress appropriated \$48,301,000,000 to NIH to carry out the agency's mission, to remain available for obligation until September 30, 2025 (Public Law 119–4). Within 60 days of enactment, the Committee directs NIH to produce a report that summarizes the agency's quarterly spending for fiscal years 2019 through 2025 disaggregated by Institute, Center, and Office and funding mechanism. This report must be made publicly available on the agency's website no later than 120 days after enactment of this act.

*NIH Staff.*—The Committee recognizes NIH's unique scientific expertise, which has propelled the success and dominance of the U.S. biomedical research enterprise. The Committee notes the number of political appointees at NIH has increased significantly and further notes the importance of maintaining staff with the technical expertise to support the agency's mission to seek fundamental knowledge about the nature and behavior of living systems and apply that knowledge to enhance health, lengthen life, and reduce illness and disability. Finally, to maintain and recruit the best and most qualified scientists, clinicians, and experts in their fields of discipline, it is also crucial that NIH is able to offer competitive salaries in line with industry, universities, academic medical centers and hospitals. Therefore, NIH is directed to continue to offer salary ranges for these employees to a maximum of \$350,000 due to their leadership roles and the much higher compensation earned by their counterparts in other sectors.

*Stopping Tax Dollars from Funding Chinese Military Research.*—The Committee is concerned about research awards funded by NIH that are associated with Chinese defense entities. Therefore, the Committee directs NIH to submit a report to the Committee within 180 days of enactment and annually thereafter until September 30, 2026 on all NIH-funded research awards (including intramural research funding as well as both extramural prime and sub-awards) that involved persons from the People's Republic of China [PRC].

*Study on the Impact of Screen Time on Learning Outcomes.*—Screen time for children rose throughout the COVID–19 pandemic and has continued to remain high. One study showed that in 2021 teens spent an average of 8.5 hours on screens per day, and children from ages 8–12 spent 5.5 hours on screens per day. The Committee is concerned over the implications of high screen time on children's ability to learn and process information in schools and urges NIH to study the impact of increased screen time on children's learning and developmental outcomes. Further, the Committee directs NIH to study media consumption in children to determine the impact of online content offered by streaming sites

compared to noncommercial educational programming on literacy, math skills, and workforce readiness. In addition to learning outcomes, the Committee urges NIH to study whether the type of media consumed by children is linked to behavioral and social outcomes.

*Support Innovation in Women's Health.*—NIH's SBIR and STTR programs are directed to increase investments in supporting innovators and early-stage small businesses engaged in research and development on women's health. NIH is directed to provide an update on these activities within 120 days of enactment.

*Temporomandibular Disorder [TMD].*—The Committee notes the issuance of the TMD Collaborative for Improving Patient-Centered Translational Research [TMD IMPACT] by NIDCR and the first step in the implementation of a national consortium for TMD research. The Committee recognizes that TMD is a complex, multi-system condition and therefore encourages the NIH Director to work closely with the NIDCR Director to ensure that other Institutes, Centers, and Offices with the appropriate scientific expertise participate and support NIDCR as it implements and manages this project. NIH is encouraged to use the recommendations from the recent National Academies of Sciences, Engineering and Medicine report on TMDs, from the TMJ Patient-led RoundTable efforts, and from patients themselves as guidelines in the development of this consortium. The Committee also supports the creation and implementation of a Patient-Centered Coordinated Registry Network [CRN] for TMDs, recognizing its critical role in advancing research and collaboration across Federal agencies. The Committee is encouraged that TMD, a long neglected, misunderstood and underfunded condition is now receiving the attention and support needed to improve the understanding of TMD and develop evidence-based treatments and care for this complex condition. The Committee requests an update within 120 days of enactment on the development and implementation of this large-scale Collaborative to ensure the full participation of the many government and private entities necessary to successfully launch the Collaborative.

*Timely Access to Funds.*—The Committee notes the importance of grant and other award recipients receiving timely access to awarded funds. The Committee is concerned about ongoing delays in awarding NIH fiscal year 2025 appropriated funds and notes that in July 2025, NIH's rate of grant awards and overall spending lagged more than \$5,000,000,000 behind the same period in fiscal year 2024. This scale of slowdown in NIH spending threatens to disrupt critical biomedical research projects across the country. Therefore, the Committee directs NIH to award competitive grants as expeditiously as possible and noncompetitive grant renewals within 30 days of the end of their period of performance, except in the case of a grant or award where there has been a finding of financial mismanagement, research fraud, or malfeasance. Finally, the Committee directs NIH to provide grant and other award recipients timely access to their award dollars when they submit a draw down request to the agency.

*Wastewater Surveillance R&D.*—The Committee recognizes the potential and importance of wastewater surveillance in public health surveillance. Building on the prior NIH-supported efforts,



the Committee encourages NIH to continue efforts supporting innovation through developing and improving wastewater surveillance capabilities including in rural communities.

*Women's Health Research Initiative and NIH-Wide SABV Policy.*—The Committee supports greater investment in research on conditions unique to or that occur predominantly in women or manifest themselves differently in women than in men. The Committee directs NIH to further integrate and prioritize funding for women's health across its research portfolio and to study ways to leverage AI to advance women's health research. In addition to NIH efforts to dedicate additional funds for research on women's health needs, NIH's sex as a biological variable [SABV] policy has helped ensure that research that NIH funds considers women's health in the development of study design and in data collection and analysis. The Committee encourages NIH to track and analyze progress in integrating SABV into biomedical research, where appropriate, across its Institutes and Centers and to adopt NIH-wide standards regarding how applicants, reviewers, and grantees should consider SABV in funding opportunities, research designs, analyses, and reporting. NIH is directed to provide an update on relevant activities within 90 days of enactment.

*Youth Tobacco Cessation Research.*—The Committee recognizes that despite millions of youth using at least one tobacco product, there are no FDA-approved tobacco cessation therapies for people under 17 and few well-studied, evidence-based behavioral interventions for youth tobacco use. The Committee encourages NIH to continue to support research on effective tobacco cessation modalities for youth under age 18, including pediatric studies of the safety and effectiveness of cessation treatments currently approved for adults. Studies should account for the broad range of tobacco products used by youth, including cessation options for individuals interested in quitting cigarettes, e-cigarettes, smokeless tobacco, and cigars.

#### BUILDINGS AND FACILITIES

Appropriations, 2025 .....	\$350,000,000
Committee recommendation .....	350,000,000

The Committee includes \$350,000,000, the same as the fiscal year 2024 enacted level, for Buildings and Facilities. For the fifth time in as many years, the recommendation does not include authority for NIH to transfer up to 1 percent of its research funding to the Buildings and Facilities account. This is extraordinary authority for a Federal agency and NIH has yet to provide an explanation for why this mechanism would be appropriate. Funding provided for research should not be unilaterally transferred without a sound explanation and robust justification of need. The Committee commends the agency for continuing to develop a sound capital planning process and for keeping the Committee informed on such activities. These efforts have been supported by the Committee with modifications of section 216 of this act which permit NIH to use up to \$100,000,000 of research funding for alterations and repairs. The Committee directs NIH to continue to provide biannual updates of its efforts to develop best practices and its maintenance and construction plans for projects whose cost exceeds \$5,000,000,

including any changes to those plans and the original baseline estimates for individual projects. Finally, the Committee also directs NIH to describe in its fiscal year 2027 and future CJs how the projects requested in its budgets tie to its capital planning process, including the Research Facilities Advisory Committee's role in determining which projects are selected for inclusion in the budget.

#### NIH INNOVATION ACCOUNT, CURES ACT

Appropriations, 2025 .....	\$407,000,000
Committee recommendation .....	226,000,000

The Committee provides \$226,000,000 to be spent from the NIH Innovation Account for the All of Us precision medicine initiative and the Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative. The Committee expects NIH to transfer funding shortly after enactment of this act.

#### ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH

Appropriations, 2025 .....	\$1,500,000,000
Committee recommendation .....	1,500,000,000

The Committee provides \$1,500,000,000 for the Advanced Research Projects Agency for Health [ARPA-H], the same level as fiscal year 2025. The Committee continues to believe ARPA-H requires a different culture and mission than NIH's other 27 Institutes and Centers. The Committee continues to direct ARPA-H to provide quarterly briefings to the Committee on its establishment process, hiring, and scientific priorities and progress. The Committee expects such briefings to address how ARPA-H's activities are designed to advance biomedical research and development and the mission to create breakthrough technologies, as well as how to balance long-term trans-disciplinary scientific challenges with short-term research goals.

*Amyotrophic Lateral Sclerosis [ALS].*—The Committee urges ARPA-H to support \$30,000,000 in R&D programs and projects to develop therapies, targeted therapies, and treatments for ALS and related neurodegenerative disorders.

*Autism RWDP.*—Consistent with what the Committee has noted under this heading in the Office of the Director, and because NIH has yet to address bipartisan concerns raised with a nearly identical proposal in 2023, the Committee strongly urges ARPA-H to pause funding any awards associated with the RWDP. Within 30 days of enactment, the Committee directs ARPA-H to brief the Committees on Appropriations about any current or proposed agreements to support an Autism RWDP project at NIH. Finally, ARPA-H shall notify the Committees on Appropriations at least 30 days in advance of entering into any interagency agreement greater than \$25,000,000 from any appropriation available to ARPA-H to any other agency or Department. Such notification shall include the source of funding, including the applicable legislative citation, a description of the obligation, and a justification for the transfer.

*Commercialization Network.*—Speeding the translation of innovative health technologies to market is essential for the success of ARPA-H. This acceleration depends on meaningful collaboration between researchers, entrepreneurs, and investors across sectors

and geographic areas. The Committee applauds the efforts of the Investor Catalyst Hub in building a robust network that ensures relevant stakeholders in all regions of the country have a stake in advancing the commercialization of medical discoveries and ARPA-H's innovative agenda. The Committee notes the important role of funding sprints to rapidly accelerate innovation in targeted priority areas, by delivering specialized entrepreneurial assistance, commercialization and market readiness programming, and other targeted services for innovators as they seek to translate critical transformative biomedical and health breakthroughs. The Committee urges ARPA-H to provide continued funding for the Investor Catalyst Hub in fiscal year 2026.

*Emerging Health Threats.*—The Committee recognizes that ARPA-H plays a unique role in the U.S. science and technology enterprise. Modeled after the Defense Advanced Research Agency [DARPA] and the Biomedical Advanced Research and Development Authority [BARDA] but more broadly focused on improving health outcomes for all Americans, ARPA-H is expected to pursue transformative advances in health research beyond the scope of other public or private efforts. U.S. citizens and interests can be threatened by endemic and emerging diseases in any part of the world. The Committee urges ARPA-H to contribute in unique ways to combating existing and emerging health threats here and abroad, and to strengthen U.S. science and technology capacity, competitiveness, and leadership.

*Increase Access and Reduce Costs for Cell Therapies.*—ARPA-H is charged with accelerating better health outcomes by advancing innovative research through high potential, high-impact biomedical and health research. Engineered cell therapies have emerged as revolutionary therapies to treat selected diseases and malignancies, including colorectal cancer which is the second leading cause of cancer-related deaths in the United States. Access to engineered cell therapies is significantly limited because of the current technical complexities required for such personalized medicine, lengthy wait times, and the high cost of goods per treatment. ARPA-H's Engineering of Immune Cells inside the Body [EMBODY] program is designed to address those limitations through the development of novel approaches to the manufacturing of genetically engineered immune cells, with the goal of developing such therapies at a scale that significantly increases access to reduce the cost of goods per treatment. The Committee urges ARPA-H to continue its support for the EMBODY program.

*Long COVID Research.*—ARPA-H is urged to invest in Long COVID research to ensure its high-risk, high-reward research is focused on drug trials, development of biomarkers, and research that includes Long COVID associated conditions, such as dysautonomia, postural orthostatic tachycardia syndrome [POTS], and myalgic encephalomyelitis/chronic fatigue syndrome [ME/CFS]. The Committee urges ARPA-H to coordinate with NIH on these efforts to augment NIH's Long COVID research portfolio. ARPA-H is also urged to prioritize the support of R&D programs and projects that can enable clinical trials evaluating therapies which target key symptoms and symptom complexes associated with Long COVID including widespread pain, fatigue, non-restorative sleep, brain fog,

dizziness, post-exertional malaise [PEM], POTS and loss of taste and smell.

*Novel Alternative Methods.*—The Committee is aware that ARPA-H's programs, many of which encompass a wide range of biomedical research, utilize both animal and non-animal research methodologies. Each program is led by a Program Manager [PM] who oversees multiple groups of performers who aim to solve the same problem through unique approaches. Acknowledging ARPA-H's operational model, the Committee urges ARPA-H to require performers to specify expected use of animals and novel alternative methods [NAMs] in their proposals, if known. ARPA-H shall aggregate this data for anticipated awards and information from the Vertebrate Animal Section submissions (required by the Office of Laboratory Animal Welfare) into a comprehensive annual report that reflects the methodologies used across their programs, including descriptions and rationale for animal models and NAMs used. This report shall be submitted to the Committee and made publicly available within 90 days following the conclusion of each project year. This activity will ensure accountability and transparency across ARPA-H, fostering ethical research practices while advancing biomedical innovation.

*Public Health Interventions.*—The Committee urges the agency to consider a new program focused on a data system to aid proactive public health interventions.

*Women's Health.*—The Committee was encouraged by ARPA-H's announcement of the Sprint for Women's Health, a \$100,000,000 commitment in response to the White House Initiative for Women's Health Research to fund transformative research and development in women's health. The Committee urges ARPA-H to continue this important work to address women's health and accelerate and scale tools, products, and platforms to improve women's health outcomes.

#### SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee provides \$7,428,917,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. This appropriation includes \$133,667,000 in transfers available under section 241 of the PHS Act (Public Law 78-410 as amended) and \$12,000,000 in transfers from the PPH Fund.

SAMHSA is the public health agency responsible for supporting mental health programs and behavioral healthcare, treatment, and prevention services throughout the country.

The Committee continues bill language that instructs the Assistant Secretary of SAMHSA and the Secretary to exempt the Mental Health Block Grant [MHBG], the Substance Use Prevention Treatment, and Recovery Services Block Grant, and the State Opioid Response grant from being used as a source for the PHS evaluation set-aside in fiscal year 2026.

#### MENTAL HEALTH

Appropriations, 2025 .....	\$2,808,546,000
Committee recommendation .....	2,800,446,000

The Committee provides \$2,800,446,000 for mental health services. The Committee includes \$21,039,000 in transfers available

under section 241 of the PHS Act (Public Law 78–410 as amended) and \$12,000,000 in transfers from the PPH Fund. Included in this appropriation is funding for Mental Health Programs of Regional and National Significance [PRNS], the MHBG, children’s mental health services, Projects for Assistance in Transition from Homelessness [PATH], Protection and Advocacy for Individuals with Mental Illness [PAIMI], and the National Child Traumatic Stress Initiative.

*Programs of Regional and National Significance*

The Committee includes \$1,071,853,000 for PRNS within the Center for Mental Health Services. The Committee’s appropriation for PRNS includes \$12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs by developing and applying evidence-based practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented, and consumer-run activities.

Within the total provided for PRNS, the Committee includes funding for the following activities:

Budget activity	Committee recommendation
<b>CAPACITY:</b>	
Seclusion & Restraint appropriations .....	\$1,147,000
Project AWARE appropriations .....	140,001,000
<i>State Grants appropriations</i> .....	<i>110,501,000</i>
<i>Community Violence and Trauma appropriations</i> .....	<i>17,500,000</i>
<i>School-Based Trauma Informed Care appropriations</i> .....	<i>12,000,000</i>
Mental Health Awareness Training appropriations .....	27,963,000
Healthy Transitions appropriations .....	18,451,000
Infant and Early Childhood Mental Health appropriations .....	15,000,000
Interagency Task Force on Trauma Informed Care appropriations .....	2,000,000
Children and Family Programs appropriations .....	7,229,000
Consumer and Family Network Grants appropriations .....	3,954,000
Project Launch appropriations .....	18,605,000
Mental Health System Transformation appropriations .....	3,779,000
Primary and Behavioral Health Care Integration appropriations .....	55,877,000
National Strategy for Suicide Prevention appropriations .....	28,200,000
<i>Zero Suicide appropriations</i> .....	<i>26,200,000</i>
<i>American Indian and Alaska Native Set-Aside appropriations</i> .....	<i>3,400,000</i>
Mental Health Crisis Response Grants appropriations .....	20,000,000
988 Lifeline appropriations .....	534,618,000
<i>Specialized Services for Youth appropriations</i> .....	<i>33,100,000</i>
<i>Spanish Language Services appropriations</i> .....	<i>10,000,000</i>
Garrett Lee Smith-Youth Suicide Prevention appropriations	
State Grants appropriations .....	31,806,000
State Grants Transfer from Prevention and Public Health Fund .....	12,000,000
Campus Grants appropriations .....	8,488,000
American Indian and Alaska Native Suicide Prevention appropriations .....	4,931,000
Tribal Behavioral Grants appropriations .....	22,750,000
Homeless Prevention Programs appropriations .....	28,096,000
Minority AIDS appropriations .....	9,224,000
Criminal and Juvenile Justice Programs appropriations .....	11,269,000
Assisted Outpatient Treatment appropriations .....	21,420,000
Assertive Community Treatment for Individuals with Serious Mental Illness appropriations .....	6,000,000
<b>Science and Service:</b>	
Garrett Lee Smith-Suicide Prevention Resource Center appropriations .....	11,000,000
Practice Improvement and Training appropriations .....	7,828,000
Consumer and Consumer Support Technical Assistance Centers appropriations .....	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance appropriations .....	2,991,000
Minority Fellowship Program appropriations .....	11,059,000

Budget activity	Committee recommendation
Disaster Response appropriations .....	1,953,000
Homelessness appropriations .....	2,296,000

*988 Suicide and Crisis Lifeline [988 Lifeline].*—Suicide is a leading cause of death in the United States, claiming over 49,000 lives in 2023. The Committee provides \$534,618,000 for the 988 Lifeline and Behavioral Health Crisis Services. This amount includes funding to continue to strengthen the 988 Lifeline and enable the program to continue to respond in a timely manner to an increasing number of contacts. The 988 Lifeline coordinates a network of independently operated crisis centers across the United States by providing suicide prevention and crisis intervention services for individuals seeking help. The Committee requests a briefing within 90 days of enactment, and quarterly briefings thereafter, on the 988 Lifeline spend plan and related activities.

*988 Performance Metrics.*—The Committee directs SAMHSA to maintain a publically available Web site, to be updated monthly, which provides data on the total number calls, texts, and chats routed through 988. The metrics should include the answer rate, response time, and contact length by contact type and the total number of contacts by service type.

*988 Program Integrity.*—The Committee remains concerned about the suicide rates among youth and young adults. The Committee recognizes the vital services provided through the 988 Lifeline and the important role of State partners in suicide prevention and behavioral health. As States establish and develop 988 programs, the Committee encourages SAMHSA to ensure States have the flexibility to use a technology platform that allows for low wait times and that facilitates a seamless coordination with local crisis and emergency response teams, accommodates a connection to follow-up and community resources, and ensures that sensitive user data is being safeguarded and protected. The Committee requests SAMHSA include information on 988 program integrity activities, including with respect to safeguarding 988 user data and privacy, and a review of work with States and other 988 program partners in the 988 Lifeline spend plan briefing.

*988 Lifeline Text and Chat-Based Capabilities.*—The Committee encourages SAMHSA to continue to make funding competitively available to chat and text backup centers to provide the capacity and infrastructure to handle contacts from vulnerable youth through calls, chats, and texts, including efforts to improve local text and chat answer rates. Within the total for the 988 Lifeline, the Committee continues \$10,000,000 for specialized services for Spanish speakers seeking access to 988 services through texts or chats. SAMHSA shall make this funding available to one or more organizations with the capacity and experience to offer culturally competent, Spanish language text and chat services for mental health support and crisis intervention.

The Committee supports SAMHSA's efforts to ensure access to the 988 Lifeline through various forms of communication, including phone calls, text and chat functions, and video services through

American Sign Language for Americans who are deaf or hard of hearing.

*Adolescent and Young Adult Awareness of the 988 Lifeline.*—The Committee encourages SAMHSA to coordinate with the relevant Departments and young adult behavioral health stakeholders, such as stakeholders serving secondary school and postsecondary students, to increase adolescent and young adult awareness of 988, including via the publication of 988 on newly-printed standard issue student identification cards.

*Specialized Services for Youth.*—The Committee restores \$33,100,000 for these services and instructs SAMHSA to follow the directives included in Senate Report 118–84.

*Unified 988 Lifeline Technology.*—The Committee is aware that 988 Lifeline crisis contact centers have not all implemented the unified technology that has been developed by SAMHSA's 988 Lifeline Network Administrator. The Committee encourages SAMHSA to inform crisis contact centers within the network about the availability of the 988 Unified Platform and to urge these same crisis contact centers to use this technology if there is not a State-approved unified technology platform.

*Youth-to-Youth Peer Support.*—The Committee recognizes that young people are uniquely situated to provide peer support for teens and young adults who are struggling with their mental health. The Committee is also aware that youth-to-youth engagement, when conducted by youth with professional support and training, has proven effective at reaching young people in crisis but is currently underused across the Nation. The Committee encourages SAMHSA to ensure that the 988 Lifeline maintains appropriate capacity, training, and referral capabilities to support youth who contact the Lifeline for help, including through peer services. The Committee further encourages SAMHSA to consider partnering with a nonprofit organization that has delivered youth-to-youth crisis intervention and hotline services to establish continuous coverage for peer support services.

*Eating Disorders.*—The Committee continues to direct SAMHSA to coordinate with HRSA to create a pediatric training model for pediatric providers for prevention, early intervention, treatment, and ongoing support protocols for youth with or at-risk of developing an eating disorder. The Committee requests a briefing within 180 days of enactment of this act on SAMHSA's work to support the identification, prevention, and treatment of eating disorders, including through a public awareness campaign.

*First Responder Mental Health.*—The Committee is concerned by the significant mental and behavioral health challenges faced by first responders due to the demanding and often traumatic nature of their work, which results in widespread stress, burnout, and mental health struggles. The Committee requests a briefing within 180 days of enactment of this act on the steps SAMHSA is taking to address the mental health challenges faced by first responders. The briefing should include an analysis about how SAMHSA can proactively support the well-being of first responders, including through the use of confidential, peer specialists who can offer immediate emotional support, crisis intervention, resources for mental

health treatment, and referrals to ongoing care and peer support networks.

*Garrett Lee Smith Youth Suicide Prevention.*—The Committee provides \$43,806,000, of which \$12,000,000 is included in transfers from the PPH Fund, for Garrett Lee Smith Youth Suicide Prevention programs, which will support the development and implementation of early intervention programs and youth suicide prevention strategies. Additionally, the Committee includes \$11,000,000 for the Garrett Lee Smith Youth Suicide Prevention Resource Center.

*Garrett Lee Smith Campus Suicide Prevention Grant Program.*—The Committee recognizes the importance of addressing mental health and suicide prevention on college campuses, including at institutions of higher education that are traditionally under-resourced. The Committee understands that campus-based student groups that both educate and train students on primary prevention and intervention for those at risk of experiencing mental health and substance use disorders can be beneficial in increasing the likelihood classmates will seek treatment. The Committee recommends SAMHSA encourage applicants to seek input from relevant stakeholders, including student-serving mental health groups on campus, to better reach students in need of support. Additionally, the Committee directs SAMHSA to continue the waiver of matching funds for minority-serving institutions and community colleges included in the 2024 funding notice and as directed in Public Law 118–47. This will help meet these growing needs and address disparities in access to mental health services. The Secretary may continue to waive such requirement with respect to an institution of higher education not covered by those definitions, if the Secretary determines that extraordinary need at the institution justifies the waiver.

*Healthy Transitions.*—The Committee includes \$18,451,000 for the Healthy Transitions program, which provides grants to States and Tribes to improve access to mental healthcare treatment and related support services for young people aged 16 to 25 who either have, or are at risk of developing, a serious mental health condition.

*Infant and Early Childhood Mental Health.*—The Committee provides \$15,000,000 for grants to entities such as State agencies, tribal communities, universities, or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change, as well as in building or enhancing the basic components of such early childhood services, including an appropriately trained workforce. Additionally, the Committee recognizes the importance of early intervention strategies to prevent the onset of mental disorders, particularly among children. Recent research has shown that half of those who will develop mental health disorders show symptoms by age 14. The Committee encourages SAMHSA to work with States to support services and activities related to infants and toddlers, such as expanding the infant and early childhood mental health workforce; increasing knowledge of infant and early childhood mental health among professionals most connected with young children to promote positive early mental health and early identification; strengthening systems



and networks for referral; and improving access to quality services for children and families who are in need of support.

*Interagency Task Force on Trauma Informed Care.*—The Committee includes \$2,000,000 to continue the Interagency Task Force on Trauma-Informed Care as authorized by the SUPPORT Act (Public Law 115–271). The Committee supports the Task Force’s authorized activities, including the dissemination of trauma-informed best practices and the promotion of such models and training strategies through all relevant grant programs. The Committee encourages the Task Force to collaborate with the National Child Traumatic Stress Network on these activities.

*Mental Health Awareness Training.*—The Committee provides \$27,963,000 to continue existing activities, including Mental Health First Aid. Mental Health Awareness Training and Mental Health First Aid have allowed Americans, as well as first responders, to recognize the signs and symptoms of common mental health disorders. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for college students, veterans, armed services personnel, and their family members and broaden applicable settings for trainings to include non-educational and non-healthcare settings where appropriate within the Mental Health Awareness Training program. Additionally, SAMHSA is encouraged to prioritize grants to eligible entities that will serve within States where there is a high prevalence of adverse childhood experiences and youth substance use disorders.

*Mental Health Crisis Response Grants.*—The Committee understands the significant need for crisis services in order to divert people experiencing a mental health crisis away from the criminal justice system and into mental health treatment. The Committee includes \$20,000,000 for communities to create or enhance existing crisis response programs that may include teams of mental health professionals, law enforcement, emergency medical technicians, and crisis workers to provide immediate support and stabilization to those in crisis.

*Minority Fellowship Program.*—The Committee includes \$11,059,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness services for underserved minority populations. The Committee understands the importance of increasing the pool of culturally competent pediatric mental health professionals, including child and adolescent psychiatrists, to address the Nation’s youth mental health crisis. The Committee again encourages SAMHSA to prioritize and increase the number of pediatric behavioral health treatment providers, including child and adolescent psychiatrists, selected to participate in the minority fellowship program.

*National Strategy for Suicide Prevention.*—The Committee includes \$28,200,000 for suicide prevention programs. Of the total, \$26,200,000 is for the implementation of the Zero Suicide model, which is a comprehensive, multi-setting approach to suicide prevention within health systems.

Additionally, suicide is often more prevalent in highly rural areas and among the American Indian and Alaskan Native populations. According to CDC, American Indian/Alaska Natives [AI/AN] have the highest rates of suicide of any racial or ethnic group in the United States. In order to combat the rise in suicide rates among this population, the Committee includes \$3,400,000 for AI/AN within Zero Suicide.

The Committee also notes with concern that suicide has been the leading cause of death for Asian American, Native Hawaiian, and Pacific Islander [AANHPI] youth ages 10 through 24 in recent years. The Committee encourages SAMHSA to examine the prevalence and causes of behavioral health conditions among AANHPI youth, including by identifying ways to address this disparity and improve access to behavioral healthcare for AANHPI youth.

*Primary and Behavioral Health Care Integration Grants and Technical Assistance.*—The Committee notes that one of the goals of the Primary and Behavioral Health Care Integration Grant program is to improve patient access to bidirectional integrated care services. The Committee provides \$55,877,000 for the program to promote full integration and collaboration in clinical practice between behavioral healthcare and primary/physical healthcare, as well as \$2,991,000 for technical assistance, and directs SAMHSA to fund the psychiatric collaborative care model implemented by primary care physician practices as authorized under section 1301(i)(2) of division FF of Public Law 117–328. Pursuant to such law, these technical assistance centers may be funded through cooperative agreements.

Further, the Committee directs SAMHSA to prioritize populations with co-occurring conditions of serious mental illness or substance use disorders, along with chronic physical conditions, including those defined as “special populations” under 42 U.S.C. 290bb–42(a)(4). Finally, the Committee directs SAMHSA to coordinate with HRSA to facilitate dissemination of technical information on screening at-risk patients in integrated care models to Federally Qualified Health Centers and Rural Health Clinics.

*Project AWARE.*—The Committee provides \$140,001,000 for Project AWARE. This program increases awareness of mental health issues and connects young people who have behavioral health concerns and their families with needed services. The Committee encourages SAMHSA to continue using funds to provide mental health services in schools and for school-aged youth and provide an update on these efforts in the fiscal year 2027 CJ.

Of the amount provided for Project AWARE, the Committee directs SAMHSA to use \$17,500,000 for discretionary grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of community violence and collective trauma. These grants should maintain the same focus as fiscal year 2024 grants. SAMHSA is encouraged to continue consultation with the Department of Education in administration of these grants. The Committee requests a report on progress of grantees in the fiscal year 2027 CJ.

The Committee recognizes the increased need for school and community-based trauma services for children, youth, young adults,

and their families and the need to support school staff with training in trauma-informed practices. Within the total for Project AWARE, the Committee directs \$12,000,000 for student access to evidence-based, culturally relevant, trauma support services and mental healthcare through established partnerships with community organizations as authorized by section 7134 of the SUPPORT Act (Public Law 115–271).

Project AWARE helps Tribes and tribal organizations to develop sustainable school-based mental health programs and services. Within the funds made available for Project AWARE, the Committee urges SAMHSA to consider the needs of Tribes and tribal organizations.

*School-Based Mental Health Services.*—The Committee understands the importance of providing mental health services to students, including through annual, school-based mental health and well-being screenings. The Committee encourages SAMHSA to work with the Department of Education to recommend regular screenings in public schools that use evidence-based or scientifically validated screening tools routinely used in healthcare systems, including through a digital platform or application, for use by students at public schools.

#### *Community Mental Health Services Block Grant*

The Committee provides \$1,007,571,000 for the Mental Health Block Grant. This appropriation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

The MHBG distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance.

The Committee continues bill language requiring that at least 10 percent of the funds for the MHBG program be set aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee continues to direct SAMHSA to include in budget justifications a detailed table showing at a minimum each State's allotment, name of the program being implemented, and a short description of the program.

*Crisis Set-Aside.*—The Committee continues the 5 percent set-aside within the MHBG for States to implement evidence-based, crisis care programs to address the needs of individuals in crisis, including those with serious mental illnesses and children with serious mental and emotional distress. The Committee directs SAMHSA to continue to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements, including 24/7 mobile crisis units, local and State-wide call centers with the capacity to respond to distressed or suicidal individuals, and other programs that allow the development of systems where individuals can always receive assistance during a crisis.

*AI/AN.*—The Committee recognizes that AI/AN populations in the United States have higher rates of illicit drug use, opioid misuse, and misuse of prescription drugs compared to other racial groups. The Committee encourages SAMHSA to consider the needs of Indian Tribes and tribal organizations within the MHBG.

*Children's Mental Health Services*

The Committee provides \$130,000,000 for the Children's Mental Health Services program. This program provides grants and technical assistance to support comprehensive, community-based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems. The Committee continues to include a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first-episode psychosis.

*Projects for Assistance in Transition from Homelessness [PATH]*

The Committee provides \$66,635,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.

*Protection and Advocacy for Individuals with Mental Illness [PAIMI]*

The Committee provides \$40,000,000 for PAIMI. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities or while they are living in the community, including in their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.

*National Child Traumatic Stress Initiative*

The Committee provides \$98,887,000 for the National Child Traumatic Stress Initiative, which develops and promotes effective treatment and services for children and adolescents exposed to a wide array of traumatic events.

The Committee supports the National Child Traumatic Stress Network [NCTSN] for building, evaluating, disseminating, and delivering evidence-based best practices, including through universities, hospitals, and front-line providers, to prevent and mitigate the impact of exposure to trauma among children and families. The Committee directs SAMHSA to ensure the network maintains its focus on collaboration, data collection, and the provision of direct services, and that the NCTSN mission or grant opportunities not be limited to training only.

*Certified Community Behavioral Health Clinics [CCBHC]*

The Committee includes \$385,500,000 for the CCBHC expansion program, which allows communities to improve access to mental health and substance use disorder treatment services.

The Committee continues to direct SAMHSA to prioritize resources to entities within States that are able to quickly stand-up a CCBHC, including those part of the demonstration authorized by section 223(a) of the Protecting Access to Medicare Act of 2014 [PAMA] (Public Law 113–93).

*Accreditation.*—The Committee urges SAMHSA to examine and approve accreditation products that certify CCBHCs in having met requirements as established by SAMHSA. CCBHC grantees should receive independent accreditation from an approved entity as part of participation under this program. Funding included under this program is permitted for grantees’ use to obtain any such required independent accreditation in lieu of self-attestation for meeting the CCBHC requirements as a part of reducing paperwork and administrative burden, and SAMHSA shall consider the costs of accreditation when establishing funding levels for clinics under this grant. The Committee further permits SAMHSA to use funds under this program to establish the accreditation process and expand the audiences eligible to receive training and technical assistance, to include (but not limited to) demonstration CCBHCs and CCBHCs participating in a State-led implementation effort under a Medicaid State Plan Amendment, waiver, or other Medicaid authority.

*Data Infrastructure.*—The Committee encourages SAMHSA to develop a CCBHC data infrastructure and data repository program while establishing a data reporting partnership with at least one State currently operating a Statewide CCBHC network. With more than 500 CCBHCs operating in 46 States, it is incumbent upon the agency to assure a high level of accountability in concert with expanded access to intensive community-based services for persons with serious mental illness and substance use disorders. Within 90 days of enactment of this act, the Committee requests a briefing from SAMHSA on opportunities to undertake this project using the funds provided.

*Integrated Care.*—The Committee recognizes that individuals living with serious mental illnesses and substance use disorders face higher risks for developing chronic physical conditions commonly associated with long-term use of certain mental health medications, including diabetes, cardiovascular disease, and medication-induced movement disorders. The Committee provides \$500,000 to expand technical assistance to improve integrated care through the CCBHC State Technical Assistance Center and the CCBHC Expansion Grantee National Training and Technical Assistance Center. This technical assistance and training will enhance routine screening, prevention, and early intervention for physical health conditions commonly associated with long-term use of antipsychotic medications.

*Eligible Audiences.*—In alignment with the President’s budget request, the Committee affirms that funding under this line may be used to support CCBHC technical assistance for CCBHC expansion grant recipients, State CCBHCs outside of the expansion program, States in the CCBHC Demonstration program, States planning to

be part of the Demonstration, States with CCBHC programs independent of the Demonstration, and States considering adopting the CCBHC model.

*Planning Grants.*—The Committee permits SAMHSA to use funds under this program for cooperative agreements for CCBHC State planning grants, authorized by section 223(c) of PAMA (Public Law 113–93), to support States in developing and implementing certification systems for CCBHCs, establish Prospective Payment Systems for Medicaid reimbursable behavioral health services, and prepare an application to participate in a 4-year CCBHC Demonstration program.

#### SUBSTANCE ABUSE TREATMENT

Appropriations, 2025 .....	\$4,159,298,000
Committee recommendation .....	4,184,298,000

The Committee provides \$4,184,298,000 for substance use disorder services and treatment programs, including PRNS and the substance use prevention and treatment block grant to the States. The Committee includes \$81,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

#### *Programs of Regional and National Significance*

The Committee provides \$561,219,000 for PRNS within the Center for Substance Abuse Treatment. The Committee includes \$2,000,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

PRNS include activities to increase capacity by implementing service improvements using proven evidence-based approaches, as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.

Within the total provided for PRNS, the Committee includes funding for the following activities:

Budget activity	Committee recommendation
CAPACITY:	
Opioid Treatment Programs/Regulatory Activities .....	\$10,724,000
Screening, Brief Intervention, and Referral to Treatment [SBIRT] .....	26,840,000
Screening, Brief Intervention, and Referral to Treatment [SBIRT] PHS Evaluation Funds .....	2,000,000
Targeted Capacity Expansion-General .....	122,416,000
<i>Medication Assisted Treatment</i> .....	<i>111,000,000</i>
<i>Tribal Set-aside</i> .....	<i>14,500,000</i>
Grants to Prevent Prescription Drug/Opioid Overdose .....	16,000,000
First Responder Training .....	59,000,000
<i>Rural Focus</i> .....	<i>34,000,000</i>
<i>SIREN Act</i> .....	<i>13,500,000</i>
Pregnant and Postpartum Women .....	38,931,000
Recovery Community Services Program .....	4,434,000
Children and Families .....	30,197,000
Treatment Systems for Homeless .....	37,114,000
Minority AIDS .....	66,881,000
Criminal Justice Activities .....	80,000,000
<i>Drug Courts</i> .....	<i>74,000,000</i>
Improving Access to Overdose Treatment .....	1,500,000
Building Communities of Recovery .....	17,000,000
Peer Support Technical Assistance Center .....	2,000,000
Comprehensive Opioid Recovery Centers .....	7,000,000
Emergency Department Alternatives to Opioids .....	8,000,000

Budget activity	Committee recommendation
Treatment, Recovery, and Workforce Support .....	12,000,000
Youth Prevention and Recovery Initiative .....	3,000,000
Science and Service:	
Addiction Technology Transfer Centers .....	9,046,000
Minority Fellowship Program .....	7,136,000

*Building Communities of Recovery and Peer Support Networks.*—The Committee urges SAMHSA to promote the expansion of recovery support services and to reduce stigma associated with substance use disorders. The Committee recognizes the coordinated efforts of this program to connect people in recovery to a wide array of community resources, including housing services, primary care, employment resources, among others, and urges the program to expand its reach to others in need of support. To further support these recovery community organizations, the Committee continues \$2,000,000 for the National Peer Run Training and Technical Assistance Center to provide addiction recovery support to peer networks and recovery communities.

*Comprehensive Opioid Recovery Centers.*—The Committee includes \$7,000,000, to help ensure that people with substance use disorders can access proper treatment, as authorized by section 7121 of the SUPPORT Act.

*Drug Courts.*—The Committee provides \$74,000,000 for Drug Courts. The Committee continues to direct SAMHSA to ensure that all funding for drug treatment activities is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug court recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

*Emergency Department Alternatives to Opioids.*—The Committee includes \$8,000,000 to award grants to hospitals and emergency departments to develop, implement, enhance, or study alternatives to opioids for pain management in such settings as authorized in section 7091 of the SUPPORT Act.

*First Responder Training.*—The Committee provides \$59,000,000 for First Responder Training grants. Of this amount, \$34,000,000 is set aside for rural communities with high rates of substance use. In addition, \$13,500,000 of this funding is provided to make awards through a new award competition to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone and protective equipment) as recently reauthorized in the Supporting and Improving Rural EMS Needs Reauthorization Act (Public Law 118–84). The Committee directs SAMHSA to ensure funding is for new awardees and allows awards in amounts less than the maximum award amount to ensure nationwide funding.

*Grants to Prevent Prescription Drugs/Opioid Overdoses.*—The Committee recognizes that the number of young Americans dying due to opioid overdose is rising. The Committee acknowledges the existing Grants to Prevent Prescription Drug/Opioid Overdoses pro-

gram and encourages the Secretary to expand eligibility to provide schools access to this program for training and for opioid overdose reversal agents, such as naloxone.

*Medication-Assisted Treatment.*—The Committee includes \$111,000,000 for medication-assisted treatment, of which \$14,500,000 is for grants to Indian Tribes, tribal organizations, or consortia. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age-adjusted increase in admissions for the treatment of opioid use disorders. The Committee continues to direct the Center for Substance Abuse Treatment to ensure that these grants include as an allowable use the support of medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids, including programs that offer low-barrier or same day treatment options.

*Medications for Opioid Use Disorder.*—The Committee urges SAMHSA to include as an allowable use of funds all FDA approved medications for opioid use disorder and overdose reversal and other clinically appropriate services to treat opioid use disorder.

*Minority Fellowship Program.*—The Committee includes \$7,136,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct substance use disorder treatment services for minority populations that are underserved.

*Opioid Treatment Program and Regulatory Activities.*—The Committee is aware of the important work conducted by the Division of Pharmacologic Therapies [DPT] to facilitate the use of medications for opioid use disorders in combination with other evidence-based treatment and recovery support services. The Committee is also aware of the important role State alcohol and drug agencies play in leading this work at the State level. Therefore, the Committee urges CSAT/DPT to coordinate consistently with State alcohol and drug agencies across DPT's portfolio to ensure maximum efficiency and effectiveness.

*Opioid Use Disorder Recurrence.*—The Committee is concerned that relapse following withdrawal management from opioids is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA's efforts to address this within the Federal grant population by emphasizing the potential benefits of withdrawal management for opioid use disorder followed by medication to prevent recurrence and encourages SAMHSA to disseminate and implement this policy in all settings where withdrawal management is offered, including opioid treatment programs, rehabilitation centers, and criminal justice settings.

*Opioid Use in Rural Communities.*—The Committee is aware that response to the opioid use disorder crisis continues to pose unique challenges for rural America. Rural areas can struggle with limited access to care and there is a shortage of health professionals necessary for identifying, diagnosing, and treating patients with substance use disorders, as well as assisting individuals in recovery. As a result, responding to the opioid crisis in rural America requires a comprehensive approach, which may involve: an integrated approach to care; collaboration when appropriate with pa-



tients and their families; involvement of community partners and institutions; advancing competency and skills development for healthcare providers treating people with substance use disorders; training to provide care in a culturally responsive manner; and the use of technologies to ensure improved access to medically underserved areas through the use of telehealth and the addition of treatment programs where feasible. The Committee encourages SAMHSA to support initiatives to advance these objectives, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, as well as programs that emphasize a comprehensive community-based approach involving academic institutions, healthcare providers, and local criminal justice systems.

*Pregnant and Postpartum Women Program.*—The Committee includes \$38,931,000 for the Pregnant and Postpartum Women program, which uses a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children, and other family members. The Committee encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.

*Substance Use Screening, Brief Intervention, and Referral to Treatment [SBIRT].*—The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing early substance use is an effective strategy to prevent problems later in life. The Committee is also aware that SBIRT has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance use but that many health providers, especially pediatricians and those in underserved communities, have not been trained to use the method effectively. The Committee encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve youth 12 to 21 years of age, as well as for the adoption of system-level approaches to facilitate the uptake of SBIRT into routine healthcare visits for adults.

*Treatment Assistance for Localities.*—The Committee recognizes the use of peer recovery specialists and mutual aid recovery programs that support medication-assisted treatment and directs SAMHSA to support evidence-based, self-empowering, mutual aid recovery support programs that expressly support medications for substance use disorder treatment in its grant programs.

*Treatment, Recovery, and Workforce Support.*—The Committee includes \$12,000,000 for SAMHSA to continue implementation of section 7183 of the SUPPORT Act. Additionally, the Committee encourages SAMHSA to review the workforce categories eligible for funding under the Treatment, Recovery, and Workforce Support Grant and report to the Committee within 180 days of enactment of this act on the percentage of current funding allocated to the development and training of substance use disorder providers. Substance use disorder counselors serve a critical role in supporting individuals as they go through treatment, counseling, case management, and other recovery-oriented services. The Committee encourages SAMHSA to review of the eligible workforce categories under

this grant and include substance use disorder counselors where appropriate in order to further assist communities in their ability to grow the workforce pipeline and ultimately increase access to these services.

*Women's Addiction Services Leadership Institute.*—The Committee is aware that CSAT implemented for 10 years an important workforce development initiative known as the Women's Addiction Services Leadership Institute [WASLI]. The program, which ended in 2018 due to insufficient funding, strengthened the capacity of emerging leaders to meet the needs of women with substance use disorders by developing participants' leadership skills and creating a network of the next generation of leaders in women's addiction services. A total of 112 emerging leaders graduated from WASLI and 56 coaches received training in executive coaching. The Committee supports reinstating WASLI within the Addiction Technology Transfer Centers in order to close a significant gap in Federal support to strengthen and retain the women's substance use disorder services workforce.

#### *State Opioid Response [SOR] Grants*

The Committee provides \$1,595,000,000 for grants to States to address the opioid crisis. Bill language provides not less than 4 percent for grants to Indian Tribes or tribal organizations. The Committee supports the 15 percent set-aside for States with the highest age-adjusted mortality rate related to substance use disorders, as authorized in Public Law 117–328. The Assistant Secretary is encouraged to apply a weighted formula within the set-aside based on State ordinal ranking. Activities funded with this grant may include treatment, prevention, and recovery support services. The Committee continues to direct SAMHSA to conduct a yearly evaluation of the program to be transmitted to the Committees no later than 180 days after enactment of this act. SAMHSA is directed to make such evaluation publicly available on SAMHSA's Web site. The Committee further directs SAMHSA to continue funding technical assistance within the administrative portion of the appropriated amounts for the SOR grants, to provide locally based technical assistance teams as has been done through the Opioid Response Network. The Committee recognizes the importance and essential work currently being done by the Opioid Response Network in delivering technical assistance to State and Territory SOR grantees, sub-recipients, and others addressing opioid use disorder and stimulant use disorder in their communities.

*SOR Formula Data.*—The Committee remains concerned that the fatal overdose data used in determining the 15 percent set aside reflects all drug poisoning deaths, which does not accurately identify rates of total overdoses from opioids, including fentanyl. The Committee urges the Assistant Secretary to consider using data pertaining to opioid-specific drug overdoses.

*SOR Funding Cliffs.*—The Committee continues to direct SAMHSA to avoid significant funding cliffs between States with similar opioid mortality data and to prevent unusually large changes in a State's SOR allocation when compared to the prior year's allocation. The Committee acknowledges SAMHSA's work to avoid cliffs in recent funding cycles, for instance, by expanding the

number of States that are eligible for the 15 percent set aside. SAMHSA shall submit to the Committees a work plan of the proposed allocation of funds not later than 30 days prior to awarding grants.

*Rural Opioid Technical Assistance Regional Centers [ROTA-R] Cooperative Agreements.*—The Committee directs SAMHSA to maintain funding for the 10 cooperative agreements under the ROTA-R program at not less than the fiscal year 2024 level without consolidation of the program.

*Substance Use Prevention, Treatment, and Recovery Services  
[SUPTRS] Block Grant*

The Committee provides \$2,028,079,000 for the SUPTRS Block Grant. This appropriation includes \$79,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources to address the most pressing needs. This funding stream is also critical in assisting States to address all substance use disorders, including, but not limited to, those related to alcohol, cocaine, and methamphetamine. In addition, States may use SUPTRS Block Grant funds to support medications and recovery support for the treatment of alcohol use and other substance use disorders, including to support peer recovery housing. The Committee also notes the importance of the block grant's 20 percent prevention set-aside, which is a vital source of primary prevention funding. The block grant provides funds to States to support alcohol and drug use prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

*Funding Flexibilities.*—To address the growing need for substance use disorder prevention and treatment, States, Territories, and their communities have been developing innovative ways to engage the millions of people with substance use disorders to access treatment services. The Committee encourages SAMHSA to implement funding flexibilities that enables States, Territories, and their communities the ability to roll over unused SUPTRS dollars, allowing for these innovative programs to continue after they have been implemented.

*Synar Compliance.*—The Synar program monitors and enforces the prohibition on the sale or distribution of tobacco products to minors by requiring States to conduct random, unannounced inspections of tobacco retailers to prevent underage purchasing. The Committee notes that under the new Federal Tobacco 21 law, States that are out of compliance with Synar risk a 10 percent reduction in their SUPTRS Block Grant allocation. The Committee recognizes the role of Synar implementation under Tobacco 21 to increase tobacco retailer inspections, conduct retailer education, and recruit additional personnel to fulfill this public health obligation.

SUBSTANCE ABUSE PREVENTION

Appropriations, 2025 .....	\$236,879,000
Committee recommendation .....	236,879,000

The Committee provides \$236,879,000 for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance use prevention services.

The Committee continues to instruct SAMHSA to ensure that all the funding provided to CSAP, as well as the 20 percent prevention set aside in the Substance Use Prevention, Treatment, and Recovery Services Block Grant, be used only for evidence-based substance use prevention activities.

*Programs of Regional and National Significance*

The Committee provides \$236,879,000 for PRNS within CSAP. These programs support the development of new practice knowledge on substance use prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance use prevention programs; and programs addressing new needs in the prevention system.

Within the total provided for PRNS, the Committee includes funding for the following activities:

Budget activity	Committee recommendation
CAPACITY:	
Strategic Prevention Framework/Partnership for Success .....	\$135,484,000
<i>Strategic Prevention Framework Rx</i> .....	10,000,000
Federal Drug-Free Workplace .....	5,139,000
Minority AIDS .....	43,205,000
Sober Truth on Preventing Underage Drinking (STOP Act) .....	14,500,000
<i>National Adult-Oriented Media Public Services Campaign</i> .....	2,500,000
<i>Community Based Coalition Enhancement Grants</i> .....	11,000,000
<i>Interagency Coordinating Committee to Prevent Underage Drinking</i> .....	1,000,000
Tribal Behavioral Health Grants .....	23,665,000
Science and Service:	
Center for the Application of Prevention Technologies .....	9,493,000
Science and Service Program Coordination .....	4,072,000
Minority Fellowship Program .....	1,321,000

*Interagency Coordinating Committee for the Prevention of Underage Drinking [ICCPUD].*—The Committee understands ICCPUD funding has been used for activities that fall outside its authorization as specified in Public Law 109–422. The funding provided in this act for ICCPUD shall only be used for the purpose of preventing or reducing underage drinking and not for any other purpose.

*Minority Fellowship Program Support for Prevention Workforce.*—The Committee directs SAMHSA to award \$1,321,000 in Minority Fellowship Program funds to support a separate prevention fellowship program that will increase the number of culturally competent prevention specialists to help expand prevention programming for underserved minority populations.

*Prevention Technology Transfer Centers [PTTC] Network.*—The Committee supports the work of the PTTC Network and efforts related to certified prevention specialists and the Prevention Fellowship program. This program supported 16 early career prevention fellows throughout each HHS region where they gained hands on experience working in State alcohol and drug agencies. Fellows,

coached by mentors, developed leadership skills; received training in professional development; acquired proficiency in core competencies to prepare for certified prevention specialist exams; and prepared for employment opportunities in the substance use prevention field.

*Strategic Prevention Framework.*—The Committee provides \$135,484,000 for the Strategic Prevention Framework. Within the total provided, \$125,484,000 is for the Strategic Prevention Framework-Partnerships for Success program, and \$10,000,000 is for Strategic Prevention Framework-Rx. The Strategic Prevention Framework is designed to prevent the onset of substance misuse while strengthening prevention capacity and infrastructure at the State, community, and tribal levels. The Committee recognizes that substance use prevention is underutilized relative to its ability to prevent and delay substance use initiation, as well as slow the pathways to addiction and overdose, and that demand for community-based primary prevention resources far outpaces available funding.

*Sober Truth on Preventing [STOP] Underage Drinking Act.*—The Committee provides \$14,500,000 for the STOP Act. Of this funding, \$11,000,000 is for community-based coalition enhancement grants, \$2,500,000 is for the National media campaign, and \$1,000,000 is for the Interagency Coordinating Committee on the Prevention of Underage Drinking.

*Tribal Behavioral Health Grants.*—SAMHSA has administered Tribal Behavioral Health Grants for mental health and substance use prevention and treatment for Tribes and tribal organizations since fiscal year 2014. In light of the continued growth of this program, as well as the urgent need among tribal populations, the Committee continues to urge the Assistant Secretary for SAMHSA to engage with Tribes on ways to maximize participation in this program.

#### HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2025 .....	\$169,583,000
Committee recommendation .....	207,294,000

The Committee provides \$207,294,000 for Health Surveillance and Program Support activities. The Committee includes \$31,428,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

This activity supports Federal staff and the administrative functions of the agency. It also provides funding to SAMHSA's surveillance and data collection activities, including national surveys such as the National Survey on Drug Use and Health.

Within the total provided for Health Surveillance and Program Support, the Committee includes funding for the following activities:

Budget activity	Committee recommendation
Health Surveillance .....	\$20,195,000
Health Surveillance PHS Evaluation Funds .....	30,428,000
Program Support .....	67,600,000
Performance and Quality Information Systems .....	10,200,000
Drug Abuse Warning Network .....	10,000,000

Budget activity	Committee recommendation
Public Awareness and Support .....	13,260,000
Behavioral Health Workforce Data PHS Evaluation Funds .....	1,000,000
Congressionally Directed Spending .....	54,611,000

*Block Grant Reporting Requirements.*—The Committee acknowledges the important role of the Community Mental Health Services and Substance Use Prevention, Treatment, and Recovery Services Block Grants in supporting States’ efforts to provide resources for expanded mental health and substance use disorder treatment and prevention services. The Committee reiterates the request for a report, as included in Public Law 118–47, regarding the lack of transparency and information that is provided to Congress and the public about how States are distributing those funds and for what programs or services they are being used.

*Congressionally Directed Spending.*—Within the funds included in this account, \$54,611,000 are for the projects, and in the amounts, specified in the table titled “Congressionally Directed Spending Items” at the end of this Committee Report.

*Drug Abuse Warning Network.*—The Committee provides \$10,000,000 for the Drug Abuse Warning Network [DAWN]. Authorized by the 21st Century Cures Act, DAWN is a surveillance system to monitor emergency department visits in order to help public health workers, policy makers, and other stakeholders respond effectively to emerging substance use trends.

*Health Information Technology.*—The Committee understands that adoption of health information technology [health IT] among behavioral health providers currently lags behind that of other provider types and recognizes the benefits of advancing health IT in behavioral healthcare settings. The Committee supports the efforts of the Behavioral Health Information Technology Initiative to pilot the inclusion of behavioral health data elements in health IT within the SUPTRS and Mental Health block grants. The Committee encourages SAMHSA to explore providing States with flexibility within the block grant administrative cap to pursue the additional incorporation of health IT.

*National Survey on Drug Use and Health [NSDUH].*—The Committee recognizes the importance of the NSDUH for providing critical data to inform best practices and public policy on mental health and substance use. The Committee encourages SAMHSA to continue collecting this data and analyzing trends for high-risk populations.

*Program Support.*—The Committee includes \$67,600,000 for program support, to ensure SAMHSA has the resources and staff to further its mission.

#### AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2025 .....	\$369,000,000
Committee recommendation .....	345,380,000

The Committee provides \$345,380,000 for the Agency for Healthcare Research and Quality [AHRQ]. This funding is combined with \$133,000,000 in mandatory funding from the Patient-Centered Outcomes Research Trust Fund. AHRQ’s mission is to en-

hance the quality, appropriateness, and effectiveness of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics, such as promoting high-quality care and patient safety, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

Budget activity	Committee recommendation
Research on Health Costs, Quality, and Outcomes .....	\$214,109,000
<i>Center for Primary Care Research</i> .....	2,000,000
<i>Long COVID</i> .....	10,000,000
<i>Menopause Research</i> .....	5,000,000
<i>Patient Safety Data Platform</i> .....	4,000,000
<i>United States Preventive Services Task Force [USPSTF]</i> .....	11,542,000
Medical Expenditures Panel Surveys .....	72,791,000
Program Support .....	58,480,000

#### HEALTH COSTS, QUALITY, AND OUTCOMES

Health costs, quality, and outcomes [HCQO] research activity is focused on improving clinical practice, strengthening the healthcare system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

Within the total provided for HCQO, the Committee includes funding for the following activities:

*Center for Primary Care Research.*—The Committee includes no less than \$2,000,000 for the Center for Primary Care Research authorized by 42 U.S.C. 299b–4(b). The Center supports clinical primary care research, as well as strategies to improve primary care delivery and advance the development of primary care researchers. The Committee supports efforts to coordinate research in areas such as multiple chronic conditions, symptom syndromes such as Long COVID, behavioral and social health integration, telehealth in primary care, shared decision-making, and patient experience of care. The areas of focus should include, but not be limited to, expanding research on persons with multiple co-morbid conditions and improving primary care in rural and underserved areas and health equity.

*Improving Maternal Health.*—The Committee continues to support AHRQ efforts to address the complex challenges of ensuring safe and healthy pregnancies and childbirth, particularly for underserved women who are at substantially higher risk of complication and death.

*Long COVID.*—The extensive incidence of individuals suffering from Long COVID (post-acute sequelae of SARS CoV–2 infection [PASC]) presents an ongoing challenge to the healthcare system, patients, and their caregivers. The Committee recommendation includes \$10,000,000 to continue the work of the Long COVID Centers of Excellence and the Long COVID Care Network. The Committee continues to direct AHRQ to coordinate these efforts with other federally funded Long COVID research initiatives and to encourage robust data collection and data sharing efforts among agencies and grantees.

*Menopause Research.*—The Committee provides \$5,000,000 for a Menopause Research to Action Network to scale and accelerate ex-

isting and emerging research evidence and care delivery models into routine clinical practice. The Network shall focus on improving treatment and management of perimenopause and menopausal symptoms, as well as related chronic conditions to help improve mid-life health outcomes among women. In doing so, the Committee directs AHRQ to: (1) prioritize projects that propose scaling up evidence-based interventions that have demonstrated potential for improving care delivery and outcomes; (2) ensure the Network has the capability to collect and disseminate new findings and best practices widely, including to rural and underserved areas; and (3) coordinate these efforts with other Federal healthcare agencies.

*Metabolic Dysfunction-Associated Steatotic Liver Disease [MASLD].*—The Committee acknowledges the public health burden of MASLD and values having a comprehensive understanding of MASLD. Therefore, the Committee encourages AHRQ, in collaboration with other relevant Federal agency stakeholders, to evaluate the prevalence, diagnoses, treatments, and complications associated with MASLD. The Committee requests that such study: (1) assess the prevalence of MASLD in the United States; (2) assess the costs associated with individuals diagnosed with MASLD, including the costs to patients, families, and government programs; (3) assess the costs and impact on patients and the healthcare system if MASLD is unaddressed and progresses to metabolic dysfunction-associated steatohepatitis [MASH], liver failure, poor liver function, or liver transplant; (4) identify and address barriers to preventing, diagnosing, and treating MASLD and MASH; and (5) include an analysis of any disparities in access to care and other outcomes, such as health status, among minority populations. The Committee requests that AHRQ provide an interim report on the findings of this study in the fiscal year 2027 CJ.

*Opioid Research.*—The Committee supports AHRQ's continued research regarding opioid and substance use disorders, including efforts focused on management of substance use disorders in primary care settings.

*Patient Safety Data Platform.*—The Committee continues to support AHRQ's research to address failures in the diagnostic process and to support continuing and new research to: (1) understand why diagnostic adverse events occur; and (2) develop interventions, systems, measures, and new technology solutions to improve diagnostic safety and quality. Further, the Committee includes no less than \$4,000,000 to support an accessible Web based, evidence-based patient safety data platform that provides a comprehensive compendium of the most up-to-date information on best practices and evidence-based protocols, research, case studies, and other reports that contribute to improving patient outcomes and strengthening health system safety. The platform should be designed to capture best practices and other relevant information across all care settings, including out-patient settings and home healthcare, and should include content that is specifically designed for patients and their caregivers that is available in a format they can easily access and understand.



*United States Preventive Services Task Force [USPSTF]*

The Committee recommends \$11,542,000 for the United States Preventive Services Task Force [USPSTF], which works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services. The USPSTF is comprised of independent national experts in preventive medicine and primary care who volunteer to serve the public interest. The Committee directs the members of the USPSTF to continue to uphold their mission and commitment to scientific evidence, transparency, and ensuring that Americans have access to affordable preventive health services supported by a preponderance of scientific evidence.

*Medical Innovations.*—The Committee continues to note concern with the USPSTF's ability to keep pace with medical innovation. Emerging and innovative screening modalities can further public health for all Americans and address health inequities by improving timely access to and compliance with USPSTF-recommended screenings. The Committee continues to encourage the USPSTF to utilize the Early Topic Update process described in the USPSTF procedure manual to review a recommendation on an enhanced timeframe upon a showing of new evidence. The Committee also continues to urge the USPSTF to prioritize review of any new screening test or preventive medication approved or cleared by the FDA that is a preventive strategy or modality pertaining to, but not included in, a previous USPSTF recommendation.

*Evidence Reviews.*—The Committee notes the increasingly complex nature of evidence reviews for recommendations and appreciates AHRQ's prioritizing this activity within the funds provided.

MEDICAL EXPENDITURE PANEL SURVEYS

The Committee provides \$72,791,000 for Medical Expenditure Panel Surveys [MEPS], which collect detailed information annually from households, healthcare providers, and employers regarding how Americans use and pay for healthcare. The data from MEPS are used to develop estimates of healthcare utilization, expenditures, sources of payment, and the degree of health insurance coverage of the U.S. population.

PROGRAM SUPPORT

The Committee provides \$58,480,000 for program support. This activity funds the overall management of AHRQ, including salaries, benefits, and overhead costs.

*Agency Activities.*—The Committee recognizes the vital role that AHRQ plays in supporting research that informs and improves the quality of healthcare for all Americans. The Committee encourages the Administration to continue funding key activities to the benefit of patients, health systems, the research enterprise, and other stakeholders. Within 30 days of enactment and every 30 days thereafter, AHRQ is directed to provide a monthly briefing to the Committee on Appropriations regarding agency activities to improve clinical practice and patient safety. The Committee directs AHRQ to provide 48 hours advance notification of any significant

developments and public meetings, including meeting cancellations or disbandments, related to the activities of the USPSTF.

#### CENTERS FOR MEDICARE AND MEDICAID SERVICES

##### GRANTS TO STATES FOR MEDICAID

Appropriations, 2025 .....	\$383,609,399,000
Committee recommendation .....	508,148,791,000

The Committee provides \$508,148,791,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2026 funding level excludes \$261,063,820,000 in fiscal year 2025 advance appropriations for fiscal year 2026. As requested by the administration, \$316,514,725,000 is provided for the first quarter of fiscal year 2027.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, and the U.S. territories. Federal funds for medical assistance are made available to the States according to a formula that determines the appropriate Federal matching rate for State program costs. This matching rate is based on the State's average per capita income relative to the National average and cannot be less than 50 percent.

##### PAYMENTS TO HEALTHCARE TRUST FUNDS

Appropriations, 2025 .....	\$521,757,000,000
Committee recommendation .....	593,817,000,000

The Committee provides \$593,817,000,000 in mandatory funding for payments to healthcare trust funds.

This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits and for Medicare Part D drug benefits and administration, plus other reimbursements to the Federal Hospital Insurance Trust Fund for Part A benefits and related administrative costs that have not been financed by payroll taxes or premium contributions.

##### PROGRAM MANAGEMENT

Appropriations, 2025 .....	\$3,669,744,000
Committee recommendation .....	3,669,744,000

The Committee provides \$3,669,744,000 for CMS program management, which includes funding for research and evaluations, program operations and demonstrations, survey and certification programs, and Federal administration.

##### *Program Operations*

The Committee provides \$2,479,823,000 for the Program Operations account, which covers a broad range of activities including claims processing and program safeguard activities performed by Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

*Affordable Care Act Notifications.*—The Committee continues bill language requiring the administration to provide detailed enroll-

ment figures to the Committees on Appropriations not less than two full business days before any public release of the information.

*Alzheimer's Disease Diagnostics.*—The Committee is encouraged by innovations in diagnostic tools along with treatments for the underlying biology of Alzheimer's disease and some of its most serious symptoms. The Committee urges CMS to help facilitate timely and equitable beneficiary access to these diagnostic tools and services and encourages continued collaboration between CMS and other Federal agencies in their collective efforts to shift the standard of care towards timely and accurate detection and diagnosis.

*Alzheimer's Disease Therapies.*—The Committee continues to express disappointment with CMS's decision to limit coverage of FDA-approved monoclonal antibodies for the treatment of Alzheimer's disease. The Committee urges CMS to reconsider the National Coverage Determination policy to provide full access for Medicare beneficiaries to these FDA-approved Alzheimer's treatments.

*Biology Guided Radiation Therapy [BGRT].*—The Committee recognizes CMS's efforts to facilitate access to BGRT services but notes that there are concerns regarding inadequate payment for BGRT. The Committee encourages CMS to continue to collect robust claims data and work with stakeholders to establish appropriate and sufficient pricing for these services.

*Biosimilars.*—The Committee notes concerns about the lack of access to lower cost biosimilars for Medicare Part D enrollees, including the prevalence of formulary exclusions of lower priced biosimilars and the application of step therapy by some plans. The Committee notes the potential savings for patients and taxpayers through swift inclusion of biosimilars on Medicare Part D formularies. The Committee therefore urges CMS to examine existing barriers to biosimilar adoption, including Part D and Medicare Advantage plan practices that impede access to lower priced products. CMS should also provide beneficiary focused education on the availability of biosimilars on Medicare Plan Finder and real-time benefit tools, as well as ensure guidance and regulations for Part D formulary development and design appropriately encourage the adoption of biosimilars with lower list prices. The Committee directs CMS to make legislative recommendations in the fiscal year 2027 CJ on how Congress could address Part D plan practices that currently impede access to lower priced products and how to improve patient savings through a greater utilization of biosimilars.

*Birthing Friendly Hospitals.*—The Committee recognizes the Birthing Friendly hospital designation as the first ever designation to describe high quality maternity care and notes the importance of assisting consumers in choosing hospitals that have demonstrated a commitment to maternal health through the implementation of best practices that advance healthcare quality, safety, and access for pregnant and postpartum patients. Within 60 days of enactment of this act, the Committee directs CMS to provide a briefing on how the agency will support hospitals and health systems in earning the designation, update criteria as needed, and additional steps CMS is taking to address maternal health outcomes and improve patient care.

*Breast Cancer Diagnostic Coverage.*—The Committee recognizes the importance of early screening and diagnostic tests for a number of diseases, including breast cancer, which can be treated successfully if caught early. Under current law, health plans and health insurance are required to provide no-cost coverage for breast cancer screenings, but not diagnostic testing. The Committee encourages CMS to evaluate ways to ensure that women have access to approved diagnostic tests to promote accuracy in diagnoses, lower treatment costs, and support better outcomes.

*Cardiovascular Disease [CVD].*—The Committee recognizes that one in three adults in the United States received care for a cardiovascular risk factor or condition in 2023 and that existing research indicates that elevated low-density lipoprotein cholesterol [LDL-C] levels can cause atherosclerotic CVD, which can lead to heart attack or stroke. The Committee urges CMS to examine the impact of adding a quality measure of appropriate LDL-C testing as part of its Universal Foundation initiative.

*Chronic Disease Management.*—The Committee recognizes the importance of coordinated and innovative strategies to address the prevalence of chronic disease in the United States, as approximately 40 percent of Americans have multiple chronic conditions. Despite efforts to increase awareness of certain chronic conditions, including heart disease and chronic obstructive pulmonary disease [COPD], the Committee recognizes concerns that many primary care clinicians lack the support and resources to provide effective disease management. No later than 180 days after the enactment of this act, the Committee directs CMS to provide a report on its actions to increase beneficiary access to chronic disease management, inform providers about available resources and payment for chronic care management services, and identify gaps in current quality measurement programs to support greater participation in these programs. Further, the Committee encourages CMS to develop service delivery models to increase access to high quality chronic disease management, including COPD care.

*Chronic Kidney Disease [CKD].*—The Committee notes that Medicare spends nearly 25 percent of its annual budget on beneficiaries with a kidney disease diagnosis. The Committee encourages CMS to work to promote access to early screenings, testing, and diagnosis for individuals at high-risk for developing CKD, including focused efforts on reaching individuals who have developed CKD but have not yet reached end-stage renal disease.

*Coding Intensity.*—The Committee notes that Medicare Advantage [MA] payments are risk-adjusted to provide sufficient resources to deliver comprehensive care for individuals with complex health needs. CMS applies the intensity adjustment equally to all MA health plans, regardless of the variance in coding intensity that exists. The Committee encourages CMS to work with Congress and relevant stakeholders to evaluate the feasibility of implementing reforms to coding intensity adjustments that have the potential to enhance payment accuracy and protect patient access.

*Cognitive Impairment.*—The Committee directs CMS to include a report in the fiscal year 2027 CJ identifying actions the agency can take, within existing authorities, to improve early detection of mild cognitive impairment [MCI] as part of the Medicare Annual

Wellness Visit [AWV] and the annual Initial Preventive Physical Exam [IPPE]. This review should include opportunities to improve early detection of MCI during the AWV and IPPE by ensuring the use of evidence-based, reliable, cognitive impairment detection tools identified by the National Institute on Aging.

*Colorectal Cancer Screenings.*—The Committee appreciates CMS's efforts to reduce barriers to colorectal cancer screening. However, the Committee remains concerned about increases in colon cancer incidence and death rates, especially among individuals younger than age 50. The Committee highlights the recommendation of the U.S. Multi-Society Task Force on Colorectal Cancer that after the initial screening, asymptomatic individuals with a personal history of polyps should receive more frequent colonoscopy exams given the increased risk of new polyps. The Committee encourages CMS to consider this and other evidence-based data when reviewing guidelines on colorectal cancer screening frequency.

Additionally, the Committee is concerned that current implementation of the Affordable Care Act preventive services mandate does not consistently guarantee first-dollar coverage of all FDA-approved bowel preparations when prescribed in connection with a screening colonoscopy. The Committee encourages CMS to update its 2016 guidance to clarify coverage of all FDA-approved colonoscopy preparation products that meet established medical efficacy guidelines.

*Convenient Access Standards.*—The Committee notes that existing convenient access standards for Medicare Part D beneficiaries based on geographic distance may not take into account all methods of access to medications. The Committee encourages CMS to consider appropriate updates to the existing network adequacy standards and to provide feedback, information, and technical assistance to Congress on policies that could improve patient access to drugs and pharmacist services, including potential changes to Part D network adequacy standards.

*Critical Access Hospital [CAH] Recertification.*—The Committee acknowledges the importance of CAH designation as a lifeline for hospitals in rural and remote locations and understands that losing this status, including through the review and recertification process, could jeopardize the viability of facilities that are already operating on thin financial margins, which could create voids in access to care for patients in these communities. The Committee directs CMS to use its existing authorities to work with hospitals that are expected to lose their CAH designation or have had their CAH designation revoked within the last 2 years, particularly those hospitals affected by the mileage requirement, to help support continuity of operations and availability of care at those facilities. The Committee also directs CMS to consider the proximity of Rural Emergency Hospitals and classify Rural Emergency Hospitals as a hospital when recertifying CAHs. Finally, the Committee directs CMS to provide a report within 180 days of enactment of this act on the agency's decision to update the definition of primary roads in the CY 2023 Hospital Outpatient Prospective Payment System final rule and the effects of the regulatory change on the number of CAHs recertified.

*Disproportionate Share Hospital [DSH] Payments.*—The Committee recognizes that the Federal Medicaid statute generally requires DSH payments to hospitals treating large numbers of low income patients in every State except Tennessee. The Committee is concerned that Tennessee as the only State without permanent funding is at a unique disadvantage and encourages the administration to work with Congress to find a permanent solution to ensure a Medicaid DSH payment allotment is available to Tennessee. Further, the Committee recognizes that some hospitals have experienced fluctuations in their Medicare DSH calculations due to a variety of factors. Within 90 days of enactment of this act, the Committee directs HHS to provide a briefing on proposals or recommendations for hospitals to better anticipate Medicare DSH changes.

*Distance to Care.*—The Committee is concerned that many Medicare and Medicaid beneficiaries have to travel long distances to access medical care in many communities. Within 90 days of enactment of this act, the Committee directs CMS to provide a report to the Committee about the average distances that beneficiaries have to travel to access care in each State and actions the agency is taking to make accessing healthcare easier for beneficiaries.

*Emergency Medical Treatment.*—The Committee supports medical providers in providing stabilizing care to patients experiencing a medical emergency regardless of their insurance status or ability to pay. The Committee encourages CMS to work with hospitals to ensure that all types of stabilizing care are provided in a timely manner to patients experiencing an emergency medical condition to protect patient health.

*Ensuring Patient Assistance Counts Toward Out-of-Pocket Limits.*—The Committee requests a briefing within 180 days of enactment of this act on CMS's enforcement of the rule in the 2020 HHS Notice of Benefit and Payment Parameters requiring that cost sharing assistance paid by drug manufacturers on behalf of patients to reduce their out-of-pocket costs be counted toward the annual limitation on cost sharing.

*Essential Medical Devices.*—The Committee is concerned by the healthcare system's increased reliance on Chinese-made medical devices and supplies, which could negatively impact domestic manufacturing capacity. The Committee supports efforts to promote purchases of American-made medical devices and is similarly encouraged by CMS payment policies to provide new payment adjustments to hospitals for their share of additional costs incurred for certain supplies, such as domestically made N95 respirators. The Committee requests a briefing 1 year after enactment of this act on the payments for domestic N95 respirator procurement and additional efforts by CMS to support domestic procurement of essential medical devices and supplies, including any new or proposed supplemental payments for essential medical devices.

*Generic Drug Shortages.*—The Committee is concerned about generic drug shortages, particularly those impacting generic sterile injectables, which include many cancer drugs, emergency medicines, and anesthesiology medications. The Committee encourages CMS to work with Congress and relevant stakeholders on analyzing Medicare and Medicaid payment policies' impact on supply

chains and economic incentives for generic drug suppliers, wholesalers, and healthcare providers.

*Genetically Targeted Technologies.*—Genetically targeted drugs include a set of complex small molecule products that target predominantly rare, genetic-based diseases but can also target broader populations in novel ways. The Committee recognizes concerns that subjecting these highly complex drugs to negotiation so early in their commercialization could disproportionately impact the use of genetically targeted drugs to treat diseases with high unmet medical need. The Committee encourages CMS to work with stakeholders to address these considerations.

*Graduate Medical Education [GME].*—The Committee notes that Congress has authorized additional GME Medicare positions in recent years for four categories of hospitals: hospitals located in rural areas; hospitals currently training over their caps; hospitals located in States with new medical schools; and hospitals serving Health Professional Shortage Areas [HPSAs]. Within the HPSA category, the Committee encourages CMS to examine priority consideration of future slot distribution to teaching hospitals associated with Historically Black Medical Schools or facilities physically located in rural areas.

*Ground Ambulance Data Collection.*—The Committee recognizes the work of CMS in establishing the first round of the Ground Ambulance Data Collection System and supports ongoing data collection efforts, including efforts to address stakeholder concerns. The Committee notes that the Secretary may modify the data collection instrument to address concerns and directs the Secretary to make such data publicly available on its Web site, consistent with public reporting requirements.

*Health Insurance Exchange.*—The Committee continues bill language that requires CMS to provide cost information for the following: Federal Payroll and Other Administrative Costs; Exchange related Information Technology [IT]; Non-IT Program Costs, including Health Plan Benefit and Rate Review, Exchange Oversight, Payment and Financial Management, Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants and Consumer Education and Outreach; Exchange Quality Review; Small Business Health Options Program and Employer Activities; and Other Exchange Activities. Cost information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act [ACA]. CMS is also required to include the estimated costs for fiscal year 2027.

*Home and Community-Based Services [HCBS].*—The Committee is supportive of efforts to increase access to care in homes and communities, which includes support for family caregivers and direct care workers that provide essential care and services. Within existing resources, the Committee urges CMS to strengthen and expand access to HCBS, facilitate State planning, encourage innovative models that benefit the workforce and care recipients, and support quality and accountability. Further, the Committee encourages CMS to issue guidance outlining how States can implement intensive home and community-based behavioral health services to address the growing behavioral and mental health crisis. The Committee urges CMS to include in such guidance information regard-

ing: (1) best practices from States that have improved the availability of home and community-based mental health and substance use disorder services; and (2) potential options for financing and expanding access to home and community-based mental health and substance use disorder services.

*Hospice and Dementia Care.*—The Committee recognizes the value of hospice care for patients with Alzheimer’s Disease and Related Dementias [ADRD], including hospice’s potential to both improve quality of life and reduce Medicare expenditures. The Committee encourages CMS to work with Congress and relevant stakeholders to ensure that Medicare’s enrollment and eligibility processes consider the unique nature of dementia care, including by reducing unnecessary barriers to services. The Committee directs CMS to provide a report in the fiscal year 2027 CJ on its efforts to analyze and address access challenges, including those that may result from existing protocols or processes, for beneficiaries with ADRD.

*HPV Screenings for Cervical Cancer.*—The Committee recognizes that self-collection has the potential to reach individuals who are never screened or under screened for HPV, which makes up about half of women who are diagnosed with cervical cancer in the United States. The Committee urges CMS to examine ways to ensure that there is appropriate coverage for this screening methodology upon FDA approval.

*Insulin Pumps.*—The Committee recognizes the importance of ensuring Medicare coverage policies are consistent with current clinical standards of care, including for those with diabetes. The Committee encourages CMS to review its coverage policies for insulin pumps to ensure that all requirements, including the measurement of C-peptide levels or antibody tests, are consistent with clinical standards of care. Within 180 days of enactment of this act, the Committee directs CMS to provide a briefing on Medicare coverage of medical devices used to manage diabetes, including insulin pumps.

*Long-term Care Facility Metrics.*—The Committee supports efforts to improve the quality of care and outcomes for individuals served by long-term care facilities, including skilled nursing facilities, and recognizes that many residents of these facilities have a range of chronic and disabling conditions, including neuropsychiatric symptoms associated with Alzheimer’s disease and related dementias, neurodegenerative disorders, and serious mental health issues. In 2021, the HHS Office of Inspector General found that the current CMS measures related to the use of antipsychotics are insufficient and do not distinguish appropriate from inappropriate use. CMS is directed to closely examine the recommendations from the Inspector General, continue collecting data on the use of the medications, ensure sufficient documentation by the patient’s physician and independent facility pharmacist to demonstrate appropriate use of antipsychotics in skilled nursing facilities, and focus oversight on facilities in which trends may signal inappropriate use. The Committee requests that CMS provide an update on these activities in the fiscal year 2027 CJ.

*Maternal Health.*—The Committee recognizes the importance of rural hospitals in providing maternal healthcare services, edu-



cating patients, and ensuring postpartum safety. The Committee is concerned that insufficient reimbursement, coupled with difficulties in maternity care provider recruitment and retention, threaten the viability of these services in rural hospitals. Such factors have contributed to the closures of labor and delivery departments and growing maternal health deserts. The Committee directs CMS to provide a briefing to the Committee within 180 days of enactment of this act detailing insights into closures of labor and delivery departments.

*Medicare Payment Systems Modernization [MPSM] Fund.*—The Committee supports efforts by CMS to modernize Medicare’s fee-for-service claims processing systems portfolio. Doing so will help the agency lay important groundwork for continued improvements and efficiencies in service delivery and payments for Medicare beneficiaries, providers, and claims processors. The Committee directs CMS to include in its fiscal year 2027 CJ status updates on all ongoing projects undertaken by CMS with respect to MPSM.

*Merit-Based Incentive Payment System [MIPS] Feedback Reports.*—The Committee urges CMS to improve timely access to MIPS feedback reports and claims data for providers, consistent with existing law. In doing so, the Committee requests an update in the fiscal year 2027 CJ on actions CMS has taken to utilize measures developed by national medical specialty societies, including qualified clinical data registries maintained by national medical specialty societies, for MIPS, MIPS Value Pathways, and alternative payment model reporting.

*Mobile Stroke Units.*—The Committee recognizes the importance of mobile stroke units [MSUs] in diagnosing and treating acute strokes in a prehospital setting. The Committee encourages CMS to examine policies to provide appropriate access to MSU services, including CT scans and medications, as well as policies that reflect the unique nature of treatment in a MSU.

*Non-addictive Opioid Alternatives.*—The Committee remains concerned about the high mortality rate due to the opioid overdose epidemic and is pleased that FDA approved its first non-addictive opioid alternative this year. The Committee, however, is concerned that significant barriers continue to exist for beneficiaries’ access to treatment for chronic pain. The Committee encourages CMS to work with Congress on efforts to facilitate access to non-addictive alternatives to opioids for acute pain treatment and management and requests a briefing no later than 180 days after enactment of this act on these efforts.

*Non-pharmacologic Treatments for Pain.*—Non-pharmacologic treatments for pain management have shown to be effective in reducing pain and reliance on prescription opioids. The Committee encourages CMS to support access to non-pharmacologic treatments, like osteopathic manipulative treatment and other alternative treatments as appropriate, for back and other pain.

*Nutrition Interventions.*—The Committee recognizes that healthy foods, including fresh fruits and vegetables, are key to individual health and well-being, however cost can be a barrier for lower income individuals. Nutrition support interventions, such as produce prescriptions and medically tailored meals, continue to show great promise in improving health among food insecure individuals who

suffer from chronic, diet-related conditions such as heart disease and diabetes. Several States have received CMS approval to cover certain nutritional supports and other services to address health related social needs in certain circumstances; and in November of 2023, CMS published additional guidance and a framework outlining these State opportunities. The Committee encourages CMS, in coordination with the Office of the Assistant Secretary for Health, to partner with stakeholder organizations, including qualified academic institutions, to assist States in implementing nutritional support and other health related social needs initiatives to increase access to healthy foods.

*Organ Procurement Organization [OPO] Performance.*—The Committee recognizes that in recent years, CMS has taken steps to increase oversight of OPOs, including by establishing new methods to evaluate performance and issuing rules to decertify OPOs falling below the median performance on certain metrics. The Committee remains extremely concerned by the findings of a recent investigation by HHS that revealed practices by a major OPO that compromised patient safety. CMS has a considerable responsibility for ensuring that OPOs operate in a safe, fair, and efficient manner that is transparent, accountable, and effective. Patients are also at risk if OPOs are unable to operate due to stringent or unworkable requirements from CMS. As CMS continues to work with OPOs to ensure that the organ donation system promotes patient safety and operates effectively, the Committee encourages the agency to prioritize outreach and education to stakeholders; alleviate disruption; ensure that OPOs can effectively expand into new service areas, when necessary; and issue clarifying guidance. CMS is directed to continue to promote accountability, identify vulnerabilities, and issue strict corrective actions as needed to ensure that any donation processes do not continue if patient safety concerns arise.

*Organ Recovery Cost Reimbursement.*—The Committee notes that OPO Recovery Centers can increase the number of organs available for transplantation and intensive care unit bed capacity for living patients. The Committee recognizes that there are concerns with the current reimbursement methodology for organ transportation and recovery, including concerns that the methodology may serve as a financial disincentive to utilize OPO Recovery Centers effectively. Therefore, the Committee encourages CMS to assess existing policies to ensure that transplant centers are appropriately reimbursed for furnishing deceased donor organ management and recovery services.

*Peripheral Artery Disease [PAD] Amputation Prevention Initiative.*—An estimated 21.0 million Americans have PAD, and approximately 200,000 of them suffer avoidable amputations every year because of the disease. CMS is encouraged to promote amputation prevention services at hospitals, ambulatory surgical centers, and office-based centers that focus on: (1) patient risk modification and management; (2) early screening, detection, and surveillance; (3) testing and treatment for PAD; and (4) improving care coordination for individuals at high risk for amputation.

*Pharmacy Direct and Indirect Remuneration Fees.*—The Committee is concerned about the dramatic increase of retroactive

pharmacy price concessions commonly referred to as “pharmacy direct and indirect remuneration [DIR] fees” in Medicare Part D. The fees are often assessed weeks or even months after a prescription has been filled, preventing pharmacies from knowing at the time of dispensing what their true reimbursement will be for that prescription. The Committee commends HHS and CMS for aiming to address the DIR issue and urges continued administrative action and oversight to further address this issue while working to prevent financial strain on community pharmacies.

*Physician Fee Schedule Codes.*—When adjusting the number of relative value units needed to account for coding changes, new data on relative value components, or payment for new services, the Committee notes that CMS may overestimate or underestimate utilization, and therefore the overall cost of such changes, resulting in substantial adjustments to physician fee schedule payments required by budget neutrality. The Committee encourages GAO to study CMS estimates of the utilization of selected new fee schedule codes over the last 10 years, data on related adjustments to the fee schedule for these years, the effects of CMS utilization estimates relative to actual utilization figures on physician fee schedule payments and spending for those services, and other items determined appropriate by the Comptroller General.

*Prescription Digital Therapeutics [PDT].*—The Committee recognizes the use of PDTs to treat conditions like substance use disorder, attention-deficit/hyperactivity disorder, insomnia, major depression, diabetes, stroke, schizophrenia, and cancer. The Committee encourages CMS to work with stakeholders and Congress to promote appropriate access to PDTs.

*Program of All-Inclusive Care.*—The Committee recognizes the importance of the Program of All-Inclusive Care [PACE], which enables medically complex older adults with significant long-term care needs to remain living at home. Given the increasing need for home and community-based care for older adults and those living with disabilities, the Committee encourages the CMS to examine ways to increase access to PACE services for Medicare beneficiaries, Medicaid beneficiaries, and dually eligible individuals.

*Protecting Medicare Beneficiary Access to Therapy.*—The Committee is concerned with the HHS Office of Inspector General’s findings that payors have denied or delayed timely Medicare beneficiary access to medically necessary medication through the use of “utilization management.” The Committee acknowledges the timely opportunity for the agency to improve transparency around the use of utilization management and encourages CMS to take a holistic approach to protecting beneficiary access to medication therapy, including enhanced oversight and review of the use of utilization management by Medicare Part D plan sponsors. The Committee supports the administration’s engagement with stakeholders to address these issues and requests an update in the fiscal year 2027 CJ on actions the agency is taking to better protect Medicare beneficiaries by enhancing its oversight of and transparency related to the use of utilization management by Part D plans to ensure no adverse impacts to beneficiary access to therapies.

*Psychosocial Rehabilitation Model.*—The Committee notes the health, economic, and overall societal benefits associated with alle-

viating social isolation among people with serious mental illness [SMI]. Within 180 days of enactment of this act, the Committee requests that CMS provide a report on how the agency could address loneliness and social isolation and other social drivers of health through community-based models and how the Measures Management System will test the feasibility of patient-reported outcome measures related to social isolation and loneliness that could be included in current and future value-based models.

*Quality Measures.*—The Committee appreciates CMS’s efforts to ensure that the care provided to Medicare beneficiaries is of the highest quality and understands that the agency partners with external entities to develop, validate, update, and maintain measures. The Committee is concerned that the process to update screening measures is not keeping pace with advances in science and practice that can improve patient access to identification of undetected disease leading to earlier treatment. The Committee urges CMS to leverage its existing authority to utilize evidence-based guidelines to update screening measures in a timely and efficient manner and requests an update on improving screening measurements in the fiscal year 2027 CJ.

*Reducing Costly Osteoporotic Fractures.*—The Committee continues to note that current Medicare payment policies may not be adequate to encourage comprehensive care to reduce osteoporosis-related bone fractures. Therefore, the Committee encourages CMS to establish a clear payment mechanism for evidence-based post-fracture care that has been shown to reduce the rates of costly secondary fractures through improved screening, treatment initiation and adherence, patient and caregiver education and counseling, and comprehensive falls prevention strategies. Further, the Committee is concerned that postmenopausal osteoporosis [PMO] is responsible for nearly 2.0 million fractures every year in the United States for women age 65 and older, and two out of three women with PMO at high risk for fracture will break a bone in their lifetime. However, only one in six women receive osteoporosis treatment in the months following an osteoporotic fracture. The U.S. Preventive Services Task Force [USPSTF] has recommended the use of bone measurement testing to screen both women age 65 and older for osteoporosis and postmenopausal women younger than 65 who are at increased risk of osteoporosis, but nationwide screening of this high-risk population is lacking. The Committee directs CMS to provide recommendations in the fiscal year 2027 CJ for changes to CMS policies that could increase access to PMO care.

*Reducing False-Positive Sepsis Blood Cultures.*—The Committee is aware that more than 40 percent of blood culture tests used to diagnose blood stream infections, like sepsis, are false-positive results due to blood culture contaminations from a patient’s skin. These false-positive test results can lead to serious morbidity and mortality among misdiagnosed patients, significant spending on unnecessary treatment, and the overuse of antibiotics. The Committee requests a briefing within 180 days of enactment of this act for CMS to provide an update on its efforts to review and adopt a blood culture contamination rate measure.

*Risk Corridor Program.*—The Committee continues bill language to prevent the CMS Program Management appropriation account from being used to support risk corridor payments.

*Reusable Respirators.*—The Committee recognizes the use of reusable respirators within the hospital setting and encourages CMS to examine ways to support their increased utilization when appropriate.

*Robotic Stereotactic Radiosurgery [SRS].*—The Committee remains concerned that inadequate payments for robotic SRS and robotic stereotactic body radiation therapy may threaten patient access to this important treatment option for many types of cancer in both the hospital and freestanding cancer settings. The Committee urges CMS to protect Medicare beneficiary access to these services, which can safely deliver life-saving and life-changing cancer treatment in a timely and cost-efficient manner, improving patient compliance and reducing burdens on patients, providers, and the healthcare system.

*Rural and Critical Access Hospitals.*—The Committee is concerned that 25 rural hospitals have closed since 2021 and that 46 percent of rural hospitals are operating at a financial loss. The Committee directs CMS to suggest options in the fiscal year 2027 CJ that would allow vulnerable, rural hospitals, including those with Critical Access Hospital designation, to receive relief in the near-term, as well as a new payment system that can ensure that more hospitals serving rural and underserved populations can operate in a more financially sustainable way.

*School-Based Services [SBS].*—The Committee recognizes the importance of SBS in promoting the health of children and adolescents. As more States look to expand SBS, the Committee encourages CMS to examine State reporting requirements and review and update reporting systems to better collect information about SBS for students beyond what is provided pursuant to a student's individualized education program or individualized family services program. Further, the Committee supports the work of the CMS Technical Assistance Center [TAC] to support education agencies and reduce administrative burdens, particularly for small and rural schools. Within 30 days of enactment of this act, the Committee directs CMS, in coordination with the Department of Education, to provide a briefing on actions taken to expand access to SBS.

*Stark Law Compliance.*—The Committee is concerned that the definitions of “commercially reasonable” and “fair market value,” which were updated in 2021 are not being applied during the review of certain hiring practices by hospitals. The Committee encourages the agency to apply these updated definitions as established in the CMS Final Rule “Medicare Program; Modernizing and Clarifying the Physician Self-Referral Regulations” to help support value-based care.

*State Information Technology [IT] and Data Systems.*—The Committee notes significant new demands on the data and IT systems that support State Medicaid programs. The Committee directs the CMS Administrator to work with governors and State Medicaid directors to implement effective strategies to reduce preventable coverage losses and improve the accuracy of eligibility determinations. Such an approach should include timely technical assistance and

promoting use of technology, electronic data sources, artificial intelligence, and personnel to reduce data siloes, streamline verifications, enhance data matching, uphold beneficiary privacy, and upgrade system capacity.

*Supplemental Oxygen.*—The Committee notes that in 2018, CMS developed a set of clinical data elements to identify the data necessary to support medical necessity of supplemental oxygen claims and allow for electronic prescribing of supplemental oxygen. CMS has not approved of the use of this electronic template, and the clinical data elements template and electronic prescribing has yet to be implemented. Within 60 days of enactment of this act, the Committee directs CMS to provide a briefing on updates to the e-prescribing of supplemental oxygen, including a process and timeline for provider adoption. The briefing should also include information on CMS's efforts to work with community stakeholders to improve access to supplemental oxygen.

*Vaccine Coverage.*—The Committee encourages CMS to ensure that its regulations fully implement Section 2713 of the PHSA and align with the statutory intent of such section, which generally requires commercial insurance coverage of CDC-recommended vaccines without cost-sharing. CMS is directed to provide a report to the Committee and post on a publicly available Web site no later than 180 days after enactment of this act, on steps it will take to ensure Section 2713 is fully implemented.

*Whole Child Health.*—The Committee recognizes the efforts of the Integrated Care for Kids Model to improve the quality of care for children covered by Medicaid and notes the importance of addressing the root causes of poor physical and mental health in children served by Medicaid and CHIP. The Committee encourages CMS to examine further efforts to advance pediatric payment and delivery models that support disease prevention and improve health, including through a whole child health demonstration program.

#### *State Survey and Certification*

The Committee provides \$397,334,000 for State Survey and Certification activities, which ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

*Annual Reports.*—The Committee continues to direct CMS to provide, in the fiscal year 2027 CJ, a report to the Committees regarding operational milestones and funding activities under this heading. Such reports shall, at a minimum, include quarterly obligations, unobligated balances (including a breakdown of committed and uncommitted balances), and expenditures of current year discretionary budgetary authority by originating statute. Such reports shall also include operational metrics, such as those found on pages 82 and 85 of the fiscal year 2025 CJ, regarding the numbers and rates of survey and complaint visits by provider type for the applicable quarter.

*Federal Administration*

The Committee provides \$772,533,000 for Federal Administration, which funds the majority of CMS's staff and operating expenses for routine activities, such as planning, implementing, evaluating, and ensuring accountability in the programs administered by CMS.

HEALTHCARE FRAUD AND ABUSE CONTROL

Appropriations, 2025 .....	\$941,000,000
Committee recommendation .....	941,000,000

The Committee provides \$941,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control activities. The Committee recommendation includes a discretionary base amount of \$311,000,000 and an additional \$630,000,000 in resources through a budget cap adjustment, in alignment with the parameters set forth in the Fiscal Responsibility Act of 2023. Proactively identifying healthcare waste, fraud, and abuse continues to be a priority for the Committee.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT SERVICES AND FAMILY SUPPORT PROGRAMS

Appropriations, 2025 .....	\$3,924,000,000
Committee recommendation .....	4,147,000,000

The Committee provides \$4,147,000,000 in fiscal year 2026 mandatory funds for Child Support Enforcement and Family Support programs. In addition, the Committee provides \$1,800,000,000 in advance funding for the first quarter of fiscal year 2027.

These funds support States' efforts to promote the economic security of low-income families, including administrative expenses, matching funds, and incentive payments to States for child support enforcement; grants to States to help establish and administer access and visitation programs between noncustodial parents and their children; payments to territories for benefits to certain aged, blind, or disabled individuals; and temporary benefits for certain repatriated citizens.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2025 .....	\$4,025,000,000
Committee recommendation .....	4,045,000,000

The Committee provides \$4,045,000,000 for the Low Income Home Energy Assistance Program [LIHEAP]. LIHEAP provides home heating and cooling assistance to low-income households. Sudden, significant, and unexpected decreases in annual funding for States, even when based in part on changes in home energy costs or other formula factors, can be difficult for States to manage. Accordingly, the Committee continues to limit year-to-year fluctuations in allocations to States.

*LIHEAP Formula Report.*—Within 120 days of enactment of this act, ACF is directed to submit to the Committees on Appropriations and make publicly available a report evaluating the program's formula and allocations of funding among States, including specifying

the methods and data sources used to determine the grant amounts provided to each State, the District of Columbia, U.S. territories and commonwealths, and Indian Tribal organizations. The report should also include an assessment of available data, how the program provides assistance for both heating and cooling including any recommendations for formula updates, and the percentage of eligible households served, average assistance amount, and percentage of home energy costs covered by that amount by each State.

*LIHEAP Funding Release.*—The Committee recognizes the importance of the timely release of LIHEAP funding, particularly in the fall as States finalize their plans for energy assistance for the upcoming year. The Committee includes bill language requiring ACF to release at least 90 percent of LIHEAP funds to States by November 1, consistent with current practice.

*LIHEAP Workforce.*—The Committee notes that sufficient staff funding for the LIHEAP office has been provided and strongly urges ACF to address any vacancies that will affect program operations or its ability to fulfill its statutory responsibility to provide home heating and cooling assistance to low-income households Nationwide.

*Technical Assistance and Program Administration.*—Within the total, the Committee includes up to \$9,600,000 for program integrity and oversight efforts, of which a portion is intended to continue to support a formula system, which will allow ACF to provide estimates more readily when requested by the Committee.

#### REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2025 .....	\$6,327,214,000
Committee recommendation .....	5,691,033,000

The Committee recommends \$5,691,033,000 in base discretionary funding for Refugee and Entrant Assistance [REA] programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, immigrants arriving on Special Immigrant Visas [SIV], trafficking victims, and torture victims (collectively referred to below as “refugees”). These programs also provide temporary care and services for unaccompanied children apprehended by the Department of Homeland Security [DHS] or other law enforcement agencies, who have no lawful immigration status in the United States until they can be placed with a parent, guardian, or other sponsor while awaiting adjudication of their immigration status.

The Committee recommendation continues the directive to provide monthly updates to the Committees on Appropriations of arrivals each month by category, including refugees, asylees, Cuban and Haitian Entrants, SIVs, and unaccompanied children. Such updates shall include any changes in estimated funding needs as a result of changing trends.

The Committee believes that the USRAP serves as a reflection of U.S. humanitarianism as well as the Nation’s strategic interests. The program provides for the safe resettlement of some of the most vulnerable refugees and not only saves lives but also strengthens our National security by providing support and shared responsibility for strategic allies and regions.



The Committee notes the need to maintain a baseline of capacity and encourages HHS, to the extent practicable, to ensure that resettlement agencies are able to maintain their infrastructure and capacity at a level to continue to serve new refugees, previously arrived refugees, and other populations of concern who remain statutorily eligible for integration services, and to ensure that there is capacity for future arrivals to be adequately served.

*Community Engagement and Quarterly Consultation.*—The Committee recognizes that quarterly consultations and regular community engagement are critical to support refugee integration and encourages HHS to pursue efforts to ensure robust participation in regular community consultations.

*Mental Health and Trauma Informed Care.*—The Committee recognizes the importance of ORR providing trauma informed, culturally appropriate, comprehensive care to the individuals it serves, including unaccompanied children, refugees, victims of trafficking, and survivors of torture. Accordingly, the Committee encourages ORR to partner with an outside organization with expertise in providing such care to evaluate the mental healthcare needs of ORR-eligible populations and any ongoing gaps and challenges in current mental health provision across populations ORR serves.

*Spend Plan and Briefings.*—The Committee directs ORR to resume providing quarterly spend plans for the Unaccompanied Alien Children [UAC] program with actual and estimated obligations by major category, at the same level of detail that has been provided in previous years. The Committee further expects at least this level of detail to be included in future budget justifications. The Committee also directs the Director of ORR to resume providing weekly briefings to the Committees, as has long been the practice.

#### *Transitional and Medical Services*

The Committee recommendation includes \$564,000,000 for Transitional and Medical Services. This program provides grants to States and nonprofit organizations to provide cash and medical assistance to arriving refugees, as well as foster care services to unaccompanied minors.

*Matching Grant Program.*—The Committee continues to support the Matching Grant [MG] program and strongly encourages HHS to continue steps that have been previously taken to improve the program to address administrative challenges that can limit the program's reach and effectiveness.

#### *Refugee Support Services*

The Committee recommendation includes \$307,201,000 for Refugee Support Services [RSS]. This program provides a combination of formula and competitive grants to States and nonprofit organizations to help refugees become self-sufficient and address barriers to employment.

The Committee strongly encourages ORR to the greatest extent possible to allocate RSS funding based on the best data available that reflects actual needs of providing services to newly arrived refugees. The Committee directs ORR to include information in its fiscal year 2027 CJ on what flexibilities ORR has applied in allo-

cating funding to better reflect needs and any ongoing limitations in doing so.

*Education, Training, and Career Opportunities.*—The Committee encourages ORR to ensure all eligible populations are made aware of the variety of education, training, and career opportunities available to them through ORR or other Federal partners, including adult education, credential evaluation, pre-apprenticeship, and registered apprenticeship programs. The Committee encourages ORR to continue to collaborate with the Departments of Education and Labor to ensure that new arrivals receive information about these employment and training opportunities within the first 90 days after arrival.

*Preferred Communities.*—The Committee supports the Preferred Communities program, which supports intensive case management and other services to address the needs to particularly vulnerable refugee populations.

#### *Victims of Trafficking*

The Committee recommendation includes \$30,755,000 for Victims of Trafficking programs. These programs support a national network of organizations that provide a variety of services—including case management, counseling, benefit coordination, and housing assistance—for victims of commercial sex and forced labor trafficking.

Within this amount the Committee recommendation includes no less than \$5,000,000 for the National Human Trafficking Hotline (Hotline). The Committee notes concern with reports that the Hotline has not consistently and promptly reported tips, when appropriate and consistent with Federal and State law, of trafficking of adults to law enforcement. The objectives of the Hotline include providing information and service referrals to victims of trafficking using a trauma-informed, victim-centered approach; and notifying law enforcement agencies of potential cases of human trafficking as well as instances when a trafficking victim is in imminent danger, and documenting emerging trafficking schemes to assist in the detection and investigation of trafficking cases.

It is critical that the Hotline maintain a person-centered approach focused on the victim's well-being and those who utilize the Hotline's services and wish to be anonymous should stay anonymous when it is safe and appropriate to do so. The Committee also notes that Hotline plays an important role in notifying law enforcement of potential trafficking when that is appropriate. Accordingly, the Committee directs ACF to ensure the Hotline is complying with applicable laws and policies regarding the operation of the Hotline, assisting victims of severe forms of trafficking in persons, and referring potential cases of trafficking to law enforcement including reporting all third-party tips of potential human trafficking to State and local law enforcement when the signaler appears to be in imminent danger.

#### *Unaccompanied Alien Children*

The Committee recommendation includes \$4,770,077,000 in base funding for the UAC program. The UAC program provides temporary care for children who have no lawful immigration status in the United States and who have been apprehended by DHS with-

out a parent or a guardian. HHS provides care for children until they can be placed with a parent or other sponsor living in the United States pending resolution of their immigration status.

*Influx Care Facilities [ICFs].*—The Committee continues to direct ORR to ensure that ICFs will only be used in the future when absolutely necessary and directs ORR to include in its fiscal year 2027 CJ estimates of how much it will spend on ICFs, its estimated capacity needs, the methodology it uses and factors it considers when estimating ICF capacity needs, and in what specific circumstances it will activate capacity in ICFs. The Committee also directs that if ICFs are needed in the future, HHS will ensure they have the physical infrastructure to provide developmentally appropriate care for children, including appropriate space for education services, and confidential space for the provision of healthcare, mental healthcare, and legal services.

*Services for Children in ORR Care.*—The Committee directs ORR to ensure it is providing developmentally appropriate, trauma-informed, culturally competent care in the least restrictive setting. The Committee encourages ORR to work with residential care providers, disability experts, and child welfare experts to ensure adherence to Federal, State, and local laws related to standards of care for children, including children with disabilities. Finally, the Committee recognizes that unaccompanied children often share extensive personal information to case managers, clinicians, or other adults while in ORR care, and directs ORR and its grantees and contractors to protect sensitive personal information, behavioral health records, and mental health records consistent with all applicable child welfare laws, regulations, and licensing requirements.

*Office of the Ombuds.*—The Committee strongly supports efforts to increase independent oversight of the UAC program. Accordingly, the Committee supports the Office of the Ombuds, to provide independent oversight of the UAC program, and child-welfare focused recommendations to ORR and the Secretary regarding the care of unaccompanied children.

*Post-Release Child Welfare Services.*—The Committee supports the expansion of child-welfare focused post release services, and increasing the percentage of children receiving in-person ORR-funded post-release services and home studies conducted by child welfare professionals. These services are critical to ensuring that children are in safe and appropriate homes after they have been released from ORR's care. The Committee directs ORR to provide monthly briefings to the Committees on the number of children receiving ORR-funded post-release services and the types of services provided, and on the number of children receiving child welfare checks from other Federal agencies, the data relied on for determining which children should receive such child welfare checks, and the outcomes of such child welfare checks.

*Access to Counsel and Child Advocates.*—The Committee directs ORR to provide access to counsel consistent with the TVPRA of 2008, which recognizes that unaccompanied children are a particularly vulnerable population requiring dedicated and uninterrupted access to counsel in their immigration proceedings, including to safeguard them from trafficking and exploitation. The Committee also continues to direct ORR to ensure in-person Know Your Rights

presentations and legal screenings, administered by qualified providers, for every child in ORR custody and access to legal counsel for any child in prolonged ORR-care. The Committee also continues to direct ORR to ensure that legal services will be in person absent exigent circumstances. The Committee directs ORR to provide monthly briefings on the status of all contracts relating to the provision of these services.

*Prioritization of Small-Scale, Community- and Family-Based Placements.*—The Committee continues to direct ORR to prioritize the placement of children in small-scale, community- and family-based care providers, including transitional foster care, small group homes, and long-term foster care. The Committee directs ORR to include information in its fiscal year 2027 CJ on its actual and planned capacity by program type.

*Report.*—The Committee directs ORR to continue to submit biannual reports to the Committees that include the number of UACs that remain in HHS care for longer than 1 year and the number of UACs that HHS has released to sponsors. The report should also include an explanation of the methods ORR uses to follow-up with unaccompanied children after releasing them to a sponsor, including the follow-up method used and number of attempts made. The Department shall make such a report available on its website.

*Home Studies.*—The Committee strongly encourages ORR to conduct a home study for every potential sponsor. The Committee directs ORR to brief the Committees of jurisdiction, within 30 days of enactment of this act, on the timeline and steps it will take to meet the recommendations of the OIG report, “Gaps in Sponsor Screening and Follow-up Raise Safety Concerns for Unaccompanied Children” and to provide a report to the Committee within 90 days of enactment of this act on the feasibility of conducting an in-person home study for every potential sponsor and a full accounting of minors that ORR has not been able to contact as part of safety and well-being calls.

*Youth Aging Out of ORR Care.*—The Committee directs ORR to have developed a concrete post-18 plan for every 17-year-old unaccompanied child in ORR care at least 30 days in advance of their 18th birthday to ensure that an appropriate placement has been identified and arranged for the child, along with any necessary social support services, prior to discharge from ORR. The Committee directs ORR to ensure that it is complying with its obligation to protect children’s private and confidential information in fulfilling its obligation to engage in post-18 planning for children aging out of ORR care.

*Length of Care.*—The Committee directs ORR to continue to provide daily information to the Committees on the number of children referred to ORR care and weekly reports that include information on the length of care. In addition, the Committee directs ORR to post publicly on its website each month the average length of care for children in its custody.

#### *Victims of Torture*

The Committee recommendation includes \$19,000,000 for the Victims of Torture program to provide support to non-profit organi-

zations providing direct support to torture survivors and their families.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT  
BLOCK GRANT

Appropriations, 2025 .....	\$8,746,387,000
Committee recommendation .....	8,831,387,000

The Committee provides \$8,831,387,000 for the Child Care and Development Block Grant [CCDBG], a formula grant to States that provides financial assistance to families to help pay for child care, and otherwise improve the quality of child care programs.

*Data Reporting.*—The Committee notes that the fiscal year 2026 CJ included fiscal year 2022 data regarding the number of children and families served by CCDBG. The Committee is concerned by the lag in this data reporting and requests a briefing, no later than 180 days after enactment, on the challenges relative to collecting this data and recommendations for improving its timeliness.

*Native Hawaiian Child Care Programs.*—The Committee requests a report within 90 days of enactment of this act providing the rationale of the funding allocation for past three grant cycles of the Native Hawaiian Non-Profit Organization Child Care Grant, and a plan to align funding with the Native Hawaiian service population in subsequent awards.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2025 .....	\$1,700,000,000
Committee recommendation .....	1,700,000,000

The Committee provides \$1,700,000,000 for the Social Services Block Grant [SSBG], a flexible source of funding that allows States to provide a diverse array of services to low-income children and families, the disabled, and the elderly in order to reduce poverty.

The Committee recognizes that Family Resource Centers provide direct assistance to families through parenting support and education, navigation of care and social services, mental health counseling, early learning and afterschool activities, family financial planning, and job training. The Committee notes that preliminary data shows promise in this area, with a 63 percent reduction in child abuse cases and a \$4.93 return for every tax dollar invested, according to current research. The Committee supports States that choose to use a portion of their SSBG funding to support services and programs at school and community-based Family Resource Centers to strengthen families through a localized, family-centered approach.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2025 .....	\$14,789,089,000
Committee recommendation .....	14,900,140,000

The Committee provides \$14,900,140,000 for Children and Families Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; survivors of child abuse, neglect, and domestic violence; and other vulnerable populations.

Within the total provided for Children and Families Services programs, the Committee includes funding for the following activities in the following amounts:

Budget activity	Committee recommendation
Head Start .....	\$12,356,820,000
Preschool Development Grants .....	315,000,000
Runaway and Homeless Youth Program .....	125,283,000
Service Connection for Youth .....	21,000,000
State Child Abuse Prevention .....	105,091,000
Discretionary Child Abuse Prevention .....	36,000,000
<i>Child Abuse Hotline</i> .....	2,000,000
Community-based Child Abuse Prevention .....	70,660,000
Child Welfare Services .....	268,735,000
Child Welfare Research, Training, and Demonstration .....	21,984,000
Adoption Opportunities .....	53,000,000
Adoption Incentives .....	75,000,000
Social Services Research and Demonstration .....	71,063,000
<i>Congressionally Directed Spending</i> .....	41,051,000
<i>Diaper Distribution Pilot Project</i> .....	20,000,000
<i>Preventing Youth Homelessness Demonstration</i> .....	5,000,000
<i>Institutional Child Abuse Study</i> .....	2,000,000
Native American Programs .....	60,500,000
<i>Native American Language Preservation</i> .....	15,000,000
<i>Native American Language Immersion</i> .....	6,000,000
Community Services Block Grant .....	770,000,000
Community Economic Development .....	22,383,000
Rural Community Facilities .....	12,000,000
Domestic Violence Hotline .....	20,500,000
Family Violence Prevention and Services .....	240,000,000
Culturally Specific Services .....	7,500,000
Independent Living Training Vouchers .....	44,257,000
Disaster Human Services Case Management .....	1,864,000
Program Direction .....	209,000,000

### *Head Start*

The Committee provides \$12,356,820,000 for Head Start. Head Start provides grants directly to local organizations to provide comprehensive early childhood education services to children and their families, from before birth to age 5.

*Designation Renewal System [DRS].*—The Committee continues to encourage HHS to consider the unique challenges faced by Head Start grantees in remote and frontier areas when reviewing such grantees' compliance with health and dental screening requirements as part of the DRS.

*Facility Improvement Funding and Report.*—The Committee continues to strongly encourage ACF to ensure that all Head Start grantees are aware of any funding opportunities, or funding otherwise available, for making capital improvements to their facilities. Further, the Committee continues to encourage ACF to standardize this process so all grantees have equal opportunity to apply and are aware of priorities and eligible uses of such funds. Additionally, the Committee directs the Office of Head Start to issue a report, no later than 180 days of enactment of this act on the state of Head Start facilities including any repair, renovation, rebuilding, and replacement of Head Start facilities that is necessary to provide a safer and welcoming environment for children and staff.

*Freely Associated States.*—The Committee includes bill language to establish Head Start programs in the Republic of the Marshall

Islands and the Federated States of Micronesia, as authorized in the Compact of Free Association Amendments Act of 2024 (Public Law 118–42).

*Native Hawaiian Programs.*—The Committee recognizes the Federal trust responsibility to the Native Hawaiian Community, and that the provision of comprehensive early childhood education is critical to advancing that responsibility. The Committee also notes that the Secretary is required to report on facilities for Native Hawaiian Head Start programs. As such, without any current Native Hawaiian Head Start programs, the Committee directs ACF to provide technical assistance to potential Native Hawaiian Head Start providers interested in applying for Head Start funding opportunities. Identified providers shall be operated by a Native Hawaiian Organization or a Native Hawaiian Educational Organization for the purpose of serving Native Hawaiian children and families, including Native American language immersion programs. ACF is directed to brief the Committee on these efforts no later than 180 days after such a funding opportunity is made public.

*Regional Office Closures.*—The Committee is aware of the closure of five Head Start regional offices across the country, which could impact Head Start centers previously served by those offices. The Committee requests a report within 60 days of enactment detailing the justification for the closures, the process for reassigning grantees to new regional offices and the notice provided to grantees, and an analysis of the impact of the closures on agency operations.

*Timely Notice of Awards.*—The Committee recognizes the importance of the timely release of funding award notices for Head Start grantees. The Committee includes new bill language directing the Office of Head Start [OHS] to award funding for continuation awards and new award cycles that continue previous activities under existing awards no later than the day following the expiration of the period of performance. For grants in the Designated Renewal System, OHS may extend the current award in lieu of providing a new award for the purposes of finalizing negotiations with the grantee.

*Tribal Colleges and Universities-Head Start Partnership Program.*—The Committee includes \$8,000,000 for the Tribal Colleges and Universities-Head Start Partnership Program.

#### *Preschool Development Grants*

The Committee provides \$315,000,000 for Preschool Development Grants. This program, as authorized in the Every Student Succeeds Act (Public Law 114–95), provides competitive grants to States to improve the coordination, collaboration, and quality of existing early childhood programs; improve the transition from early childhood programs to kindergarten; implement evidence-based practices; improve professional development for early childhood providers; and generally improve educational opportunities for children.

The Committee encourages ACF to continue to support States that choose to use a portion of their renewal grant funding to award sub-grants to programs in a mixed delivery system across the State, particularly for low-income and disadvantaged children

prior to entering kindergarten, or to improve the quality of local programs through the enhancement of early childhood systems.

The Committee requests a report, no later than 180 days after enactment of this act, on the efforts undertaken by grant recipients in fiscal years 2024 and 2025 to strengthen early care and education systems in their respective States. The report should also include a table, detailing the number of planning and renewal grants by State for fiscal years 2024 and 2025. For renewal grants, the table should include which year each grantee falls within the 3-year cycle.

*Dual Language Learners [DLL].*—The Committee encourages ACF to support States that choose to develop high-quality and culturally competent dual immersion preschool programs through Preschool Development Grants. The Committee encourages a focus on training, professional development, and postsecondary education for all caregivers, teachers, and directors to meet the needs of DLLs through dual language acquisition, engaging culturally and linguistically diverse families, home language support, and culturally and linguistically appropriate assessment.

*Consolidated Runaway and Homeless Youth Program*

The Committee provides \$125,283,000 for the Consolidated Runaway and Homeless Youth program. This program supports the Basic Centers program, which provides temporary shelter, counseling, and after-care services to runaway and homeless youth under age 18 and their families; the Transitional Living Program, which provides longer-term shelter and services for older youth; and a national toll-free runaway and homeless youth crisis hotline.

The Committee continues to support the ability of grantees to provide prevention services such as counseling and case management, regardless of their enrollment in residential services. The Committee urges ACF to advise grantees that they are not required to enroll youth in shelter or residential services, nor require the young person to physically travel to the grantee's location in order for an at-risk youth to receive prevention and supportive services.

*Timely Notice of Funding Opportunities.*—The Committee recognizes the importance of the timely release of notices of funding opportunities for the Runaway and Homeless Youth Act programs. Section 531 directs the timely issue notices of funding opportunities and awards. The Committee further directs ACF to issue separate funding opportunities for the Street Outreach Program, Basic Center Program, Transitional Living Program, and Maternity Group Homes.

*Education and Prevention Grants to Reduce Sexual Abuse of Runaway Youth*

The Committee provides \$21,000,000 for Education and Prevention Grants to Reduce Sexual Abuse of Runaway and Homeless Youth. This program provides competitive grants for street-based outreach and education services for runaway and homeless youth who are subjected to, or are at risk of being subjected to, sexual abuse or exploitation.



*Child Abuse Prevention and Treatment State Grants*

The Committee provides \$105,091,000 for the Child Abuse Prevention and Treatment State Grant program. This program provides formula grants to States to improve their child protective service systems.

*Infant Plans of Safe Care.*—Within the total, the Committee includes \$60,000,000 to help States continue to develop and implement plans of safe care as required by section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act (Public Law 93–247). The Committee again urges HHS to support States in their implementation of the plans by providing specialized, non-punitive family support services for infants and their birth parents affected by substance use disorders to reduce the need for child welfare or foster care system involvement. The Committee recognizes the intent of plans of safe care and encourages these plans to be put into place before the birth of a child to foster the best outcome for the baby. The Committee continues to direct HHS to provide technical assistance to States on best-practices in this area to address the health, developmental, housing, and treatment needs of infants and their parents and to evaluate States’ activities on plans of safe care. The Committee also encourages HHS to provide technical assistance to States on best practices for developing notification systems that are distinct and separate from the system used in the State to report child abuse and neglect in order to promote a public health response to infants affected by substance use disorders, and not for the purpose of initiating an investigation of child abuse or neglect. The Committee also encourages HHS to ensure such technical assistance includes an emphasis on the role of public health focused plans of safe care in reducing racial disproportionality in child protective services investigations and removals.

*Child Abuse Discretionary Activities*

The Committee provides \$36,000,000 for Child Abuse Discretionary Activities. This program supports discretionary grants for research, demonstration, and technical assistance to increase the knowledge base of evidence-based practices and to disseminate information to State and local child welfare programs.

*Child Abuse Hotline.*—The Committee continues funding for this program.

*Community-Based Child Abuse Prevention*

The Committee provides \$70,660,000 for the Community-based Child Abuse Prevention program. This program provides formula grants to States that then disburse funds to local community-based organizations to improve local child abuse prevention and treatment efforts, including providing direct services and improving the coordination between State and community-based organizations. The Committee recognizes the importance of prevention and encourages funds to be used for primary prevention activities and to engage in partnerships at the State and local level to reduce child abuse and neglect and provide supports to families.

### *Child Welfare Services*

The Committee provides \$268,735,000 for Child Welfare Services. This formula grant program helps State and Tribal public welfare agencies improve their child welfare services with the goal of keeping families together. These funds help States and Tribes provide a continuum of services that prevent child neglect, abuse or exploitation; allow children to remain with their families, when appropriate; promote the safety and permanence of children in foster care and adoptive families; and provide training and professional development to the child welfare workforce.

The Committee understands that children at risk of entering foster care achieve better outcomes when families are able to provide a safe and stable environment for their children, thereby allowing children to stay safely at home. The Committee acknowledges ACF's recent regulatory efforts to allow Title IV-E foster care agencies to claim Federal financial participation for the administrative cost of an attorney providing legal representation to eligible children and certain other individuals involved in foster care and other civil legal proceedings.

### *Child Welfare Research, Training, and Demonstration*

The Committee provides \$21,984,000 for child welfare research, training, and demonstration projects. This program provides grants to public and nonprofit organizations for demonstration projects that encourage experimental and promising types of child welfare services, as well as projects that improve education and training programs for child welfare service providers.

*Driver's License Program Foster Youth.*—The Committee encourages the establishment of a demonstration expanding foster care and adoption assistance programs to provide driving preparation assistance to foster youth and related training for foster parents, as well as assistance to States and Tribal organizations for age-appropriate foster youth to, among other things, obtain automobile insurance, complete driver's education, obtain a driver's license, and purchase a vehicle.

*Extending Foster Care.*—The Committee recognizes the positive educational, behavioral, social, and health outcomes associated with participation in extended foster care under Title IV-E. The Committee encourages GAO to update and expand its 2019 report entitled "States with Approval to Extend Care Provide Independent Living Options for Youth up to Age 21," and provide a review of States' implementation of extended foster care under Title IV-E, including options for youth to reenter the foster care system, eligible populations, living options and access to these options, and model of case management. Additionally, such report shall include input from youth participating in extended foster care, case managers, and State child welfare services agency staff.

*Strengthening State ICWA Compliance.*—The Committee recognizes the important role State child welfare agencies play in ensuring the safety of Indian children who come into contact with the State child welfare system. The Committee appreciates the work of the Children's Bureau and the Tribal Engagement Team to support State compliance with the Indian Child Welfare Act [ICWA] through technical assistance and through grants to develop strong

working relationships between States and tribes. The Committee encourages continued staffing of this team to ensure the ability to fulfill trust obligations to Native children and families. The Committee continues \$3,000,000 for State-Tribal partnership grants to build collaborations between States and tribes to better address the ongoing challenges Tribal communities face. Further, the Committee encourages ACF, in coordination with the relevant Federal agencies, to develop guidance for States to better serve Indian children who come into contact with the child welfare system. This guidance may include best practices on the timely identification of Indian children and extended family members; timely notice to Tribes of State child custody proceedings; foster care or adoptive placements of Indian children; and case recordkeeping as it relates to transfers of jurisdiction, termination of parental rights, and insufficient active efforts, as defined by ICWA. The Committee instructs the Children's Bureau and the Tribal Engagement Team to brief the Committees on Appropriations within 90 days of enactment regarding implementation of the Indian Child Welfare Act.

#### *Adoption Opportunities*

The Committee provides \$53,000,000 for the Adoption Opportunities program. This program funds discretionary grants to help facilitate the elimination of barriers to adoption and provide technical assistance to help States increase the number of children adopted, particularly children with special needs.

The Committee recognizes that adoption arrangements at risk of a disruption or dissolution that would result in a foster care placement are eligible for funding under the Family First Prevention Services Act. However, no programs expressly designed to meet the needs of these families have been approved by the Title IV-E Prevention Services Clearinghouse. The Committee directs not less than \$2,000,000 for the evaluation of such programs that could qualify for funding under the Family First Prevention Services Act and aim to meet the evidence standards established by the Title IV-E Prevention Services Clearinghouse in accordance with the Family First Prevention Services Act. The Committee encourages ACF to prioritize the evaluation of programs with existing evidence and to support studies that can be completed as rapidly as possible while meeting the evidence standards of the Title IV-E Prevention Services Clearinghouse.

The Committee provides \$2,000,000 to continue the National Adoption Competency Mental Health Training Initiative. This initiative supports ongoing resources for a national organization with the capacity and expertise to continuously evaluate and update the training curriculums, and will provide all States, tribes, and territories the necessary technical assistance to ensure that the curriculums are appropriately used by State child welfare and mental health professionals.

*Adoption-Sensitive Clinical Care [ASCC].*—The Committee encourages HHS to continue and enhance dissemination of this training to hospital-based professionals and other healthcare workers.

*National Center for Adoption Competent Mental Health Services.*—The Committee recognizes the need for States to improve accessibility of mental health services that are responsive to the

needs of all youth in the care of the child welfare system and in adoption/guardianship homes. The Committee continues to support the work of the National Center for Adoption Competent Mental Health Services to help States bridge the gap between child welfare and mental health systems and better meet the complex needs of vulnerable youth.

*National Training and Development Curriculum [NTDC].*—The Committee directs HHS to provide \$1,000,000, the same as the fiscal year 2024 enacted level, for the NTDC as directed in the explanatory statement that accompanied Division D of Public Law 118–47.

*Support for Birth Parents.*—The Committee recognizes that birth parents who voluntarily place their children for adoption often benefit from post-adoption counseling, support, and resources. The Committee supports programs that provide support groups, resources, and services to birth parents.

#### *Adoption and Legal Guardianship Incentive Payments*

The Committee provides \$75,000,000 for the Adoption and Legal Guardianship Incentive Payments program. This program provides formula-based incentive payments to States to encourage them to increase the number of adoptions of children from the foster care system, with an emphasis on children who are the hardest to place.

#### *Social Services Research and Demonstration*

The Committee provides \$71,063,000 for Social Services Research and Demonstration. These funds support research and evaluation of cost-effective programs that increase the stability and economic independence of families and contribute to the healthy development of children and youth.

*Congressionally Directed Spending.*—Within the funds included in this account, \$41,051,000 shall be for the Congressionally Directed Spending projects, and in the amounts, as specified in the table titled “Congressionally Directed Spending Items” at the end of this Committee Report.

*Diaper Distribution Grant Demonstration.*—The Committee continues to provide \$20,000,000 for the purposes of carrying out a diaper distribution grant program. The diaper distribution program will provide grants to social service agencies or other non-profit organizations specifically for diaper and diapering supply needs.

*Institutional Child Abuse Study.*—The Committee provides \$2,000,000 and directs the Secretary to enter into a contract with the National Academies of Sciences, Engineering, and Medicine [NASEM] to conduct a study to examine the state of youth in youth residential programs and make recommendations. Pursuant to the contract, NASEM shall issue a report informed by the study conducted that includes identification of the nature, prevalence, severity, and scope of child abuse, neglect, and deaths in youth residential programs, including types of abuse and neglect, causes of abuse, neglect, and deaths, and criteria used to assess abuse, neglect, and deaths; identification of all funding sources for youth residential programs; and identification of existing barriers in policy for blending and braiding of funding sources to serve youth in community-based settings.

*Preventing Youth Homelessness.*—The Committee includes \$5,000,000 to continue the preventing youth homelessness demonstration program to identify and implement strategies and services for youth between ages 12 and 26 in order to prevent homelessness, including strategies designed to serve youth and young adult populations with a high likelihood of imminently experiencing homelessness, housing instability, or other forms of victimization such as human trafficking to include individuals transitioning out of foster care, the juvenile justice system, or a residential behavioral health system.

The Committee directs that a portion of funds be made available to State agencies, tribes, counties, cities, other units of local government, or community-based organizations for planning and implementation demonstration grants to provide primary prevention for youth and young adults at risk of homelessness. Grantees shall show collaboration with youth with lived expertise in project design and implementation and funds may be used to support the establishment and operation of local youth advisory boards. The remaining funds shall be used to support the demonstrations through evaluation, training, and technical assistance. The Committee recognizes the important work accomplished by the one-time Runaway and Homeless Youth prevention demonstration program and urges the Family and Youth Services Bureau to continue to support those efforts through a portion of the preventing youth homelessness demonstration program.

#### *Native American Programs*

The Committee provides \$60,500,000 for Native American programs. These funds support a variety of programs to promote self-sufficiency and cultural preservation activities among Native American, Native Hawaiian, Alaska Native, and Pacific Islander organizations and communities.

*Native American Language Preservation.*—Within the total, the Committee includes \$15,000,000 for Native American language preservation activities, including no less than \$6,000,000 for Native American language immersion programs, as authorized by section 803C(b)(7)(A)-(B) of the Native American Programs Act (Public Law 88–452).

*Tribal Programs.*—The Committee notes the importance of integrated and tribally-determined, high-quality early childhood services for Tribal children and their families. The Committee requests a briefing within 90 days of enactment of this act on the benefits of allowing Tribes to fully integrate funding across Head Start, CCDBG, and the Tribal Maternal, Infant, and Early Childhood Home Visiting programs.

#### *Community Services Block Grant*

The Committee provides \$770,000,000 for the Community Services Block Grant [CSBG]. CSBG is a formula grant to States and Indian tribes to provide a wide-range of services to alleviate causes of poverty in communities and to assist low-income individuals. States are required to pass on at least 90 percent of these funds to local community-based organizations, the vast majority of which are community action agencies.

### *Community Economic Development*

The Committee provides \$22,383,000 for the Community Economic Development program. Community Economic Development grants fund non-profit, Community Development Corporations that help communities address the needs of low-income individuals and families by creating employment and business development opportunities.

### *Rural Community Facilities*

The Committee provides \$12,000,000 for the Rural Community Facilities program. The Rural Community Facilities program provides grants to regional non-profit organizations to provide technical assistance to small, low-income rural communities, that are not served by other similar Federal programs, to help manage, develop, and improve safe drinking and waste water facilities.

### *National Domestic Violence Hotline*

The Committee provides \$20,500,000 for the National Domestic Violence Hotline. This national, toll-free hotline provides critical emergency assistance and information to victims of domestic violence 24 hours a day.

The Committee provides continued support for the StrongHearts Native Helpline, which provides critical support and resources to meet the unique legal and cultural needs of American Indians and Alaska Natives affected by domestic violence.

### *Family Violence Prevention and Services*

The Committee provides \$240,000,000 for Family Violence Prevention and Services programs. These funds support programs to prevent family violence and provide immediate shelter and related assistance for survivors of domestic violence and sexual assault and their dependents.

*Culturally Specific Services for Domestic Violence and Sexual Assault.*—The Committee continues \$7,500,000 for culturally specific, community-based organizations to provide culturally specific series for survivors of domestic violence and sexual assault.

*Family Violence Prevention and Services Resource Centers.*—The Committee understands the benefits of Family Violence Prevention and Services Resource Centers to support communities in building local responses and services for domestic violence survivors. The Committee includes \$2,000,000 for the Alaskan Native Women's Resource Center, \$2,000,000 for the Native Hawaiian Resource Center on Domestic Violence, and \$2,000,000 for the National Indigenous Women's Resource Center to support critical networking and coalition building between these communities across the State and the Nation.

*Intersection of Domestic Violence, Mental Health, Substance-use Coercion, Housing Instability, and Child Welfare Involvement.*—The Committee recognizes that research has consistently demonstrated that experiencing abuse by an intimate partner is associated with a wide range of mental health and substance use-related consequences, and it is not uncommon for an abusive partner to undermine efforts to maintain their recovery or intentionally use their partner's struggles with mental health against them. The Com-

mittee supports the work of the Office of Family Violence and Prevention Services to invest in targeted support for families affected by domestic violence at the intersection of domestic violence, housing insecurity, mental health and substance use conditions, while ensuring families remain together through recovery and prioritize the best interests of children exposed to violence in the home.

*Sexual Assault Technical Assistance Initiative.*—The Committee strongly recommends providing \$2,500,000 for technical assistance grants to providers with extensive knowledge of and demonstrated expertise in sexual assault prevention and response to support all Office of Family Violence and Prevention Services grantees in serving victims of sexual assault.

#### *Chafee Education and Training Vouchers*

The Committee provides \$44,257,000 for the Chafee Education and Training Voucher program. This program supports vouchers to foster care youth to help pay for expenses related to postsecondary education and vocational training.

#### *Disaster Human Services Case Management*

The Committee provides \$1,864,000 for Disaster Human Services Case Management. This program assists States in establishing the capacity to provide case management services in a timely manner in the event of a disaster. It ensures that States are able to meet social service needs during disasters by helping disaster victims prepare recovery plans, referring them to service providers and Federal Emergency Management Agency contacts to identify needed assistance, and providing ongoing support and monitoring through the recovery process.

#### *Program Administration*

The Committee provides \$209,000,000 for the Federal costs of administering ACF programs.

### PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2025 .....	\$417,515,000
Committee recommendation .....	482,515,000

The Committee provides \$482,515,000 for the Promoting Safe and Stable Families program. The Committee provides \$420,000,000 in mandatory funds authorized by the Social Security Act (Public Law 74–271) and \$62,515,000 in discretionary appropriations.

This program enables States to operate coordinated programs of family preservation services, time-limited family reunification services, community-based family support services, and adoption promotion and support services.

*Family First Clearinghouse.*—The Committee provides \$2,750,000 for the Family First Clearinghouse. The Committee continues to recognize the need to support research into programs that provide rigorous evaluations of established foster care prevention and family support programs within the child welfare population, including programs that support adoption arrangements at risk of a disruption or dissolution that would result in foster care placement, provide mental health prevention and treatment services,

substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator programs.

#### PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2025 .....	\$6,768,000,000
Committee recommendation .....	6,843,000,000

The Committee recommends \$6,843,000,000 in mandatory funds for Payments for Foster Care and Permanency. In addition, the Committee recommends \$3,800,000,000 in advance mandatory funding for the first quarter of fiscal year 2027. These funds support programs that assist States with the costs of maintaining eligible children in foster care, prepare children for living on their own, assist relatives with legal guardianship of eligible children, and find and support adoptive homes for children with special needs.

#### ADMINISTRATION FOR COMMUNITY LIVING

##### AGING AND DISABILITY SERVICES PROGRAMS

Appropriations, 2025 .....	\$2,518,774,000
Committee recommendation .....	2,528,679,000

The Committee provides \$2,528,679,000 for the Administration for Community Living [ACL], which includes \$27,700,000 to be transferred to ACL from the PPH Fund.

ACL was created with the goal of increasing access to community support for older Americans and people with disabilities. It is charged with administering programs authorized under the Older Americans Act [OAA] (Public Law 116–131) and the Developmental Disabilities Act (Public Law 106–402), as well as promoting community living policies throughout the Federal Government for older Americans and people with disabilities. The Committee continues to fund the Senior Medicare Patrol Program through the Health Care Fraud and Abuse Control Account.

##### *Home and Community-Based Supportive Services*

The Committee provides \$410,000,000 for the Home and Community-Based Supportive Services program. This program provides formula grants to States and territories to fund a wide-range of social services that enable seniors to remain independent and in their homes for as long as possible. State agencies on aging award funds to designated area agencies on aging that, in turn, make awards to local service providers. This activity supports services such as transportation, adult day care, physical fitness programs, and in-home assistance.

*Senior Centers.*—Senior centers play an important role in providing programs to combat isolation and loneliness, which can be risk factors for depression, substance use disorder, and even suicide. The Committee encourages ACL and the State and local agencies administering programs funded through the OAA to provide ample funding to senior centers to support their general operations and for programming that promotes the health and well-being of seniors, including fitness and falls prevention programs, nutrition classes and consultations, and foot clinics.



### *Preventive Health Services*

The Committee provides \$26,339,000 for Preventive Health Services. This program funds activities such as medication management and enhanced fitness and wellness programs. These programs help seniors stay healthy and avoid chronic disease, thus reducing the need for costly medical interventions. The Committee maintains bill language that requires States to use these funds to support evidence-based models that enhance the wellness of seniors.

### *Protection of Vulnerable Older Americans*

The Committee provides \$26,658,000 for grants to States for the Long-term Care Ombudsman program and the Prevention of Elder Abuse program. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The Ombudsman program focuses on the needs of residents of nursing homes and other long-term care facilities, while the elder abuse prevention program targets the elderly community at large.

### *National Family Caregiver Support Program*

The Committee provides \$209,000,000 for the National Family Caregiver Support program. Funds appropriated for this activity establish a multifaceted support system in each State for family caregivers, allowing them to care for their loved ones at home for as long as possible. States may use funding to provide information to caregivers about available services, assistance to caregivers in gaining access to services, caregiver counseling and training, respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, and limited supplemental services that fill remaining service gaps.

*National Family Caregiver Strategy.*—The Committee provides \$3,000,000, an increase of \$1,000,000, to support demonstration grants that develop, test, and scale models that implement commitments and recommended actions from the National Strategy to Support Family Caregivers. The Committee directs ACL to provide a briefing for the Committee on Appropriations no later than 90 days after enactment of this act with an update on the implementation of this effort.

### *Native American Caregiver Support Program*

The Committee provides \$12,000,000 to carry out the Native American Caregiver Support program. This program provides grants to Tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disability, as well as for grandparents caring for grandchildren.

### *Congregate and Home-Delivered Nutrition Services*

The Committee provides \$565,342,000 for congregate nutrition services and \$381,342,000 for home-delivered meals. These programs address the nutritional needs of older individuals, thus helping them to stay healthy and reduce their risk of disability. Funded projects must make home-delivered and congregate meals available at least once per day, 5 days a week, and each meal must meet a minimum of one-third of daily dietary requirements. While States

receive separate allotments of funds for congregate meals, home-delivered meals, and supportive services, they have flexibility to transfer funds between these programs.

*Community-Based Organizations.*—The Committee recognizes the important work of community-based organizations that provide home-delivered and congregate meals and act as a point of social connection for vulnerable older adults. The Committee encourages State units on aging and area agencies on aging to continue to work with experienced, community-based organizations, such as Meals on Wheels programs, when selecting local nutrition providers and distributing OAA funding.

*Nutrition Services Incentives Program [NSIP].*—The Committee provides \$112,000,000 for NSIP. NSIP augments funding for congregate and home-delivered meals provided to older adults. States and Tribes may choose to receive all or part of their funding in the form of commodities from the U.S. Department of Agriculture.

#### *Aging Grants to Indian Tribes and Native Hawaiian Organizations*

The Committee provides \$38,264,000 for grants to Native Americans. This program provides grants to eligible Tribal organizations for the delivery of nutrition and supportive services to Native Americans.

*In-Home Modifications.*—The Committee recognizes the importance of in-home services in facilitating the ability of older individuals to remain at home. The Committee encourages ACL to better understand these needs in Native American communities and encourages ACL to undertake an evaluation of the level of need for in-home services that include accessible home modifications for older individuals who are Native Americans. In doing so, ACL should also examine the extent to which current ACL programming is able to meet such needs.

*Native American Nutrition and Support Services.*—The Committee is aware of concerns regarding potential barriers to Indian Tribes accessing programs and resources under title VI and title III of the OAA. The Committee encourages ACL to convene with stakeholders to understand these concerns and work to ensure that programs and resources are reaching Tribal members.

#### *Aging Network Support Activities*

The Committee provides \$30,461,000 for Aging Network Support activities. These funds support activities that expand public understanding of aging and the aging process, apply social research and analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs, and provide technical assistance to agencies that administer programs authorized by the OAA.

*Holocaust Survivor Assistance.*—The Committee provides \$8,500,000 for the Holocaust Survivor Assistance program, which provides supportive services for aging Holocaust survivors and their families, and to other older adult populations that have been exposed to and impacted by traumatic events, including aging military veterans, first responders, victims of childhood and domestic violence, and survivors of man-made or natural disasters.

*Housing-Based Care Management Models.*—The Committee is supportive of efforts to maintain, expand, or adapt evidence-based, existing population health models serving older adults and young adults with a disability. The Committee encourages ACL to explore the feasibility of housing-based care management models that are scalable, increase primary care access for low-income Medicare and dual eligible beneficiaries on a continuous longitudinal basis, reduce the rate of growth in Medicare spending and nursing home driven Medicaid costs, and benefit those living in any type of publicly assisted housing and the surrounding community where residents have chronic health conditions and are in need of preventive health programs.

*Alzheimer's Disease Program*

The Committee provides \$16,800,000, including \$14,700,000 to be transferred from the PPH Fund, for the Alzheimer's Disease Program which includes Demonstration Grants to States and the Alzheimer's Disease Initiative. Within this funding, the Committee supports the continuation of the National Alzheimer's Call Center, which is available in all States, 24 hours a day, 7 days a week, year-round, to provide expert advice, crisis counseling, care consultation and information referral services in at least 140 languages, for persons with Alzheimer's disease, their family members and informal caregivers. The Committee provides no less than \$2,000,000 to continue the National Alzheimer's Call Center.

*Lifespan Respite Care*

The Committee provides \$11,000,000, an increase of \$1,000,000, for the Lifespan Respite Care program. The Lifespan Respite Care program provides grants to States to expand respite care services to family caregivers, improve the local coordination of respite care resources, and improve access to and quality of respite care services, thereby reducing family caregiver strain.

*Chronic Disease Self-Management Program*

The Committee provides \$8,000,000 to be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management Program [CDSMP]. This program assists those with chronic disease with education to manage their conditions and improve their health status. Topics covered by the program include nutrition; appropriate use of medications; fitness; and effective communications with healthcare providers. Multiple studies have shown CDSMP to result in significant and measurable improvements in health and quality of life, as well as reductions in hospitalizations and emergency room visits.

*Elder Falls Prevention*

The Committee provides \$7,500,000, including \$5,000,000 to be transferred from the PPH Fund, for Elder Falls Prevention activities at ACL. Preventing falls will help seniors stay independent and in their homes and avoid costly hospitalizations and hip fractures, which frequently lead to nursing home placement.

*Elder Rights Support Activities*

The Committee provides \$33,874,000 for Elder Rights Support activities, which support programs that provide information, training, and technical assistance to legal and aging services organizations in order to prevent and detect elder abuse and neglect.

*Aging and Disability Resource Centers*

The Committee provides \$8,619,000 for Aging and Disability Resource Centers. These centers provide information, one-on-one counseling, and access for individuals to learn about their long-term services and support options with the goal of allowing seniors and individuals with disabilities to maintain their independence.

*State Health Insurance Assistance Program*

The Committee provides \$55,242,000 for State Health Insurance Assistance Programs, which provide accurate and understandable health insurance information to Medicare beneficiaries and their families.

*Paralysis Resource Center*

The Committee provides \$10,700,000 for the Paralysis Resource Center [PRC]. This program has long provided essential, comprehensive information, and referral services that promote independence and quality of life for the over five million people living with paralysis and their families. The Committee directs ACL to support the National PRC at not less than \$10,000,000.

*Limb Loss*

The Committee provides \$4,200,000 for the Limb Loss program, which supports programs and activities to improve the health of people with limb loss and promote their well-being, quality of life, prevent disease, and provide support to their families and caregivers. Maintaining these programs is critical to support independent living within the disability community across their life course.

*Traumatic Brain Injury*

The Committee provides \$13,118,000 for the Traumatic Brain Injury program. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, long-term support, and protection and advocacy services.

*Developmental Disabilities State Councils*

The Committee provides \$81,000,000 for State Councils on Developmental Disabilities. These Councils work to develop, improve, and expand the system of services and supports for people with developmental disabilities at the State and local level. Councils engage in activities such as training, educating the public, building capacity, and advocating for change in State policies with the goal of furthering the inclusion and integration of individuals with developmental disabilities in all aspects of community life.

*Technical Assistance.*—The Committee directs ACL to provide not less than \$800,000 for technical assistance and training for the State Councils on Developmental Disabilities. In addition, the Committee encourages ACL to consult with Developmental Disabilities Assistance and Bill of Rights Act [DD Act] stakeholders prior to announcing opportunities for new technical assistance projects and to notify the Committee prior to releasing new funding opportunity announcements, grants, or contract awards with technical assistance funding.

*Developmental Disabilities Protection and Advocacy*

The Committee provides \$45,000,000 for protection and advocacy programs for people with developmental disabilities. This formula grant program provides funds to States to establish and maintain protection and advocacy systems that protect the legal and human rights of persons with developmental disabilities who are receiving treatment, services, or rehabilitation.

*Proper Settings of Care.*—The Committee encourages ACL to consider the needs and desires of patients, families, caregivers, legal representatives, and other stakeholders, as well as the need to provide proper settings for care, in its enforcement of the DD Act.

*Voting Access for Individuals with Disabilities*

The Committee provides \$10,000,000 to improve voting access for individuals with disabilities. This program provides grants to protection and advocacy organizations to ensure that individuals with disabilities have the opportunity to participate in every step of the electoral process, including registering to vote, accessing polling places, and casting a vote.

*Developmental Disabilities Projects of National Significance*

The Committee provides \$12,250,000 for projects of national significance to assist persons with developmental disabilities. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration into the community of persons with developmental disabilities.

*University Centers for Excellence in Developmental Disabilities*

The Committee provides \$43,119,000 for the University Centers for Excellence in Developmental Disabilities [UCEDDs] to continue to meet their obligations under the DD Act. UCEDDs provide training, technical assistance, service, research, and information dissemination to people with disabilities, their families, State and local government agencies, and providers, to build the capacity of communities and create improvements in the service delivery system for people with I/DD and other disabilities, including those from underrepresented populations. The funding also will support technical assistance to strengthen and support the National network of UCEDDs as they disseminate research, training, and practices nationwide.

### *Independent Living*

The Committee provides \$128,183,000 for the Independent Living program, which helps ensure that individuals with disabilities can live productive and independent lives in society. Funding helps States sustain, improve, and expand independent living services and establish and support a network of centers for independent living.

### *National Institute on Disability, Independent Living, and Rehabilitation Research [NIDILRR]*

The Committee provides \$119,000,000 for the NIDILRR, which supports research and activities that help to maximize the full potential of individuals with disabilities in employment, independent living, and social activities. NIDILRR is the only government entity charged to focus on the whole person with a disability and their ability to function independently and maintain a high quality of life among all personal, societal and environmental factors. The appropriation continues funding to support the Traumatic Brain Injury Model Systems National Data and Statistical Center.

### *Assistive Technology*

The Committee provides \$40,000,000 for Assistive Technology [AT]. AT provides States with funding to support individuals with disabilities of all ages to obtain devices and services that will increase, maintain, or improve their functional capabilities. With the reauthorization of the 21st Century Assistive Technology Act, the Committee supports implementation to meet the increased demand for access to assistive technology for people with disabilities and older adults. In doing so, the Committee eliminates the alternative financing program that duplicates resources already available under the 21st Century Assistive Technology Act.

### *Program Administration*

The Committee provides \$41,000,000 for program administration at ACL. These funds support salaries and related expenses for program management and oversight activities.

*Congressionally Directed Spending.*—The Committee includes \$13,968,000 for aging and disability services projects, as specified in the table at the end of this Committee Report.

*Grant Tables.*—The Committee notes with disappointment, the failure to include in its fiscal year 2026 Congressional Justification [CJ], relevant formula and competitive grant award tables and outcome and output tables. It is critically important for Congress to conduct oversight of appropriated funding for formula and competitive grants. In the fiscal year 2027 CJ, the Committee directs ACL to include grant tables and outcome and output tables, consistent with the fiscal year 2025 CJ.

*Report.*—Within 60 days of enactment of this act and every 60 days thereafter, the Committee directs ACL to provide a report detailing the status of funding for Congressional Directed Spending projects for the previous three fiscal years. Such a report shall be presented in Excel format and include a project description, House and Senate requestors, the type of award, total obligations, total disbursements, and the percent disbursed.

## ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE

The Committee provides \$3,616,597,000 for the Administration for Strategic Preparedness and Response [ASPR]. This appropriation supports the activities of ASPR and other components within the Office of the Secretary to prepare for the health consequences of bioterrorism and other public health emergencies, including pandemic influenza.

*Department of Defense Coordination.*—The Committee understands the critical role of the Department of Defense [DoD] in the larger U.S. Government and private sector efforts to address chemical, biological, radiological, and nuclear [CBRN] threats as well as emerging infectious diseases. The DoD possesses unique capabilities that contribute to interagency efforts to prevent, detect, and respond to outbreaks of infectious disease worldwide. The Committee encourages prioritizing and aligning investments in medical countermeasures among all Federal stakeholders to ensure that effective countermeasures are developed to meet both military and civilian needs, and to prevent potential duplication of efforts. The Committee urges ASPR and DoD to coordinate to leverage private industry expertise to meet these needs.

*Health Security and Preparedness.*—Global health crises including Ebola, COVID-19, mpox, and avian influenza, have highlighted weaknesses in our National ability to respond to biothreats. Within 1 year after enactment, ASPR shall deliver a report to the Committees on Appropriations on all-hazards preparedness at HHS. The report must include an integration of preparedness and future response plans from the National Disaster Medical System [NDMS], National Emerging Special Pathogens Training and Education Center [NETEC], and others relevant HHS programs.

*Interagency Alignment of Biomedical Countermeasures Research and Development.*—The Committee has prioritized investments in R&D of biodefense medical countermeasures through several different HHS components, depending on their particular missions and areas of expertise; however, there are no rigorous mechanisms in place to ensure the alignment of medical countermeasures requirements, priorities, projects, and project transitions across each of the agencies responsible for various phases of product development, including basic research, preclinical development, advance development, and procurement. The Committee urges ASPR to coordinate with the White House Office of Pandemic Preparedness and Response [OPPR], and interagency partners that comprise the Public Health Emergency Medical Countermeasures Enterprise, to improve alignment and efficiency of medical countermeasures research and development activities across Federal agencies, especially to ensure the end-to-end development of needed products, technologies, or platforms. ASPR is encouraged to work with NIAID, BARDA, FDA, CDC, related efforts of the Department of Defense's biodefense R&D programs, and similar R&D programs funded by the Department of Energy.

*Public Health Emergency Medical Countermeasures Enterprise [PHEMCE].*—The Committee recognizes the importance of the PHEMCE in ensuring the Nation's preparedness for CBRN and emerging infectious disease threats. The Committee directs ASPR

to continue to partner with PHEMCE interagency partners in the execution of those functions. The Committee further directs ASPR, working with PHEMCE and intelligence community partners, to provide an annual classified threat briefing to the Committees on Appropriations, and as situations arise that may materially impact our medical countermeasure enterprise. This advisory committee should encompass a diverse array of external partners to ensure comprehensive expertise in addressing various threats, thus fortifying the Nation's overall preparedness. To the extent practicable, PHEMCE's strategic planning and decision-making around stockpile needs, requirements, and interactions with other government agencies and the communication of such decisions should be made in concert with the advisory committee considering the inputs from private partners. ASPR is directed to report to the Committee within 120 days of enactment to provide an update on these activities, including efforts to engage industry representatives.

*Reporting.*—The Committee directs ASPR to brief the Committees on Appropriations monthly regarding activities funded by this act and other available appropriations. The agency shall notify the Committees on Appropriations at least 24 hours in advance of any obligation greater than \$25,000,000 from any appropriation available to ASPR. The agency shall also notify the Committees on Appropriations at least 24 hours in advance of any grant or contract termination greater than \$25,000,000 from any appropriation available to ASPR. Such notification shall include the source of funding, including the applicable legislative citation, a description of the obligation, and a justification for the termination, if applicable. In addition, ASPR shall submit two separate monthly reports in electronic format summarizing the details of any grant or contract obligations and terminations to the Committees on Appropriations. Such reports shall be due not later than 30 days after the end of each month and shall be cumulative for the fiscal year with the most recent obligations or terminations listed at the top. Furthermore, ASPR shall include in this monthly report the current inventory of COVID-19 therapeutics, as well as the deployment of these therapeutics during the previous month as reported by States and other jurisdictions until the inventory is expended. Finally, ASPR shall also notify the Committees on Appropriations at least 24 hours in advance of any funding transfer greater than \$25,000,000 from any appropriation available to ASPR to any other agency or Department. Such notification shall include the source of funding, including the applicable legislative citation, a description of the obligation, and a justification for the transfer.

*Report on Essential Medicines Risk Assessment.*—The Committee requests the Secretary, in consultation with the Secretaries of Defense and Homeland Security as well as the Director of the Office of Pandemic Preparedness and Response Policy, to submit a report within 18 months of enactment of this act, assessing the FDA's updated Essential Medicines List. Specifically, the report shall assess and identify, to the extent available: (1) key starting materials and excipients used in manufacturing the active pharmaceutical ingredients and drugs on the essential medicines list; (2) the names of the active pharmaceutical ingredients and drugs on the essential medicines list that rely on high-risk foreign suppliers for more than



50 percent of production; (3) current domestic manufacturing capabilities for drugs and active pharmaceutical ingredients on the essential medicines list, including their key starting materials and excipients, and any cost-effective manufacturing technologies, including advanced manufacturing, that should or should not be considered; (4) national security risks, including cybersecurity threats and critical infrastructure designations; (5) any deficiencies, lack of authorities, or limitations in policy or process that limit the Departments of Health and Human Services, Defense, or Homeland Security to address any national security risks in the pharmaceutical supply chain; and (6) how the Departments of Health and Human Services, Defense, or Homeland Security will mitigate such national security risks, including through its use of the Defense Production Act.

*Rural Medical Autonomy.*—The Committee is fully aware of the challenges facing emergency medical response to natural or man-made disasters in rural areas. Resources are often limited and remote, leading to delays in treatment that result in poor outcomes. The role of autonomous systems can be invaluable, quickly providing life-saving tools across a range of medical applications such as drone delivery of critical medical supplies and drugs, as well as autonomous air and ground systems that evaluate safety in a chem-bio, electrical hazard or fire environment. Autonomous systems can be paired with telemedicine capabilities to deliver real-time connectivity between emergency responders and Level 1 trauma centers and other emergency medicine professionals. ASPR is directed to report to the Committee within 120 days of enactment on efforts to develop, test and demonstrate the role that autonomous systems can play to improve emergency medical applications in rural America.

#### RESEARCH, DEVELOPMENT, AND PROCUREMENT

Appropriations, 2025 .....	\$3,135,000,000
Committee recommendation .....	3,127,991,000

The Committee provides \$3,127,991,000 for ASPR's Research, Development, and Procurement activities. This appropriation supports the advanced research, development, regulatory approval, and procurement of life-saving medical products—drugs, vaccines, therapeutics, diagnostics, and medical devices—that are collectively known as medical countermeasures [MCMs]. These MCMs serve as life-saving technologies during public health emergencies involving CBRN threats and other emerging threats, while advancing the day-to-day public health and medical capabilities. In addition to developing these products, this appropriation also supports ensuring certain qualifying MCMs and medical supplies are stockpiled to be ready to deploy when needed.

#### *Biomedical Advanced Research and Development Authority* *[BARDA]*

The Committee recommendation includes \$1,015,000,000 for BARDA. BARDA supports the advanced development of vaccines, therapeutics, diagnostics and devices for potential serious public health threats, including chemical, biological, radiological, and nuclear threats, pandemic influenza, and emerging and re-emerging

infectious diseases. BARDA played a critical role in the COVID-19 and Mpox outbreak responses, and swiftly acted in response to recent Marburg, Sudan, and Ebola Zaire outbreaks. The Committee encourages BARDA to expand its portfolio of partnerships for broader success.

*Antimicrobial Resistance [AMR].*—The Committee continues to support advanced research and development of broad-spectrum antimicrobials, particularly for multi-drug resistant pathogens, and next-generation therapeutics that address the increasing incidence of antimicrobial resistance.

*Antimicrobial Resistance Research Using Bispecific Agents.*—The Committee understands that research exists to develop therapies that directly engage the host immune system to kill bacterial cells, mirroring treatments in proven cancer drugs. Such an approach may open the door to new variations of treatment, allowing for more personalized and more precise medicinal treatments. The Committee encourages BARDA to invest in these and additional novel ways to treat bacterial infections that reduce or circumvent the antimicrobial resistance seen with conventional antibiotics.

*Biopharmaceutical Manufacturing Partnership [BioMaP].*—The Committee appreciates BARDA taking steps to strengthen our Nation's MCM enterprise, including through the BioMaP and supports efforts to expand domestic manufacturing infrastructure for MCMs. Given the global nature of certain clinical research, development, and manufacturing activities, it is critical for BARDA to strengthen, expand, and make progress in onshoring these programs. Within 120 days of enactment, BARDA shall brief the Committee on BARDA's plans in fiscal year 2025 to support the onshoring of MCM development activities, including actions taken by BioMaP.

*Blood Supply.*—The Committee remains concerned about the vulnerability of the blood supply after the peak COVID shortages and the HHS Advisory Committee on Blood and Tissue Safety and Availability report indicating that the blood supply faces significant threats and challenges. The Committee supports the report's recommendation to implement new technologies to improve the safety and reliability of the blood supply. The BARDA strategic objective to develop next generation blood products must go beyond treatment of radiation injuries and be expanded to include products that can be used regardless of the patient's blood group, expand availability to all hospitals, prevent shortages, and be suitable for use throughout the continuum of care including first responders. Suitable products that are in clinical trials should be considered a priority for funding. The Committee urges BARDA to expand the development of freeze-dried hemostatic products, especially platelet-derived products, to include a wide range of indications encompassing treatment of hemorrhagic disease, use in general surgery, obstetrics, and trauma. Further, the Committee recommends consideration for investments in next generation blood products should be prioritized based on the clinical stage of development to ensure a rapid deployment of product(s) which fulfill existing capability gaps for a resilient blood supply. The Committee encourages the Secretary to consider a pilot project to expand manufacturing capacity such that a regional cryopreserved platelet [CPP] pilot program can be established in an at-risk geographic location. The Sec-

retary shall provide a biannual report to the Committee detailing the progress on these efforts.

*CBRN Threats.*—The Committee expresses deep concern regarding the heightened risks posed by CBRN weapons worldwide. The Committee provides robust funding for BARDA's core national security mission to protect Americans against these deliberate, man-made threats. The Committee urges ASPR to prioritize the development and stockpiling of critical CBRN vaccines, treatments, and diagnostics to ensure uninterrupted access to these life-saving MCMs within the Strategic National Stockpile [SNS]. The Committee encourages ASPR to engage more frequently with private sector partners to speed the development of new MCMs and stockpiling of existing MCMs against CBRN threats.

*Clostridioides difficile [C. diff].*—The Committee recognizes that C. diff infections are an urgent problem in patient care settings, resulting in 476,000 infections which cause 20,500 deaths annually in the United States. Currently, one in six patients diagnosed with C. diff will be re-diagnosed in the subsequent 2–8 weeks and one in 11 people over the age of 65 diagnosed with healthcare associated C. diff infection die within 1 month. The Committee strongly encourages BARDA to support research and clinical trials for the development of a novel treatment for C. diff that prevents antibiotic resistance and recurrent infection, as seen in existing treatments.

*Diagnostic Rapid Response Initiative [DxR2].*—Biological threats remain a persistent and evolving danger, requiring robust and proactive preparedness measures. The Committee is encouraged by HHS and BARDA leadership in developing the DxR2. It is critical that BARDA moves forward expeditiously to establish an affordable, scalable solution that leverages or enhances existing commercial infrastructure to address these ongoing national security threats. This program strikes the necessary balance, safeguarding public health while strengthening the Nation's capacity to respond effectively to emergencies with a long-term, affordable, and sustainable approach. Continued investment in DxR2 is essential to enhancing our National ability to rapidly respond to biothreat incidents. BARDA is encouraged to maintain this important program as a priority within the PHEMCE portfolio.

*Fungal Threats.*—The Committee also recognizes the health security threat presented by rising global fungal infection rates and increasing antifungal resistance. The Committee urges BARDA to consider its role in protecting Americans from fungal infections by reviewing vaccine, drug, and therapeutics in the development pipeline with specific consideration for partnerships to develop fungal products.

*Infectious Diseases.*—The Committee supports robust funding for BARDA's naturally occurring infectious disease programs, including emerging infectious diseases, AMR, and pandemic influenza. The Committee encourages BARDA to account for low-resource settings and vulnerable populations, such as children and neonates, in its funding decisions to produce tools that have wide applicability for many geographies in the United States and globally that lack advanced health infrastructure. The Committee encourages ASPR to project its spending on emerging infectious diseases, AMR, and

pandemic influenza in its annual 5-year budget plan. The Committee requests that BARDA continue publicly updating its research portfolios to include pathogen, product, phase, and funding data for all its programs, and to provide the underlying data in tabular form. Finally, the Committee requests BARDA provide a report within 180 days of enactment on its role to date in equipping the United States to address potential, naturally occurring, or engineered infectious agents that risk the health, security, economic wellbeing and lives of Americans.

*Infectious Disease Outbreaks With Pandemic Potential.*—The Committee supports robust funding for BARDA to engage in public-private partnerships to support advanced R&D of innovative platform technologies and MCM programs focused on (but not limited to) vaccines, therapeutics, diagnostics, and other MCMs for emerging infectious diseases, including novel pathogens and viral families with pandemic potential. The Committee encourages ASPR to prioritize the identification and development of promising technologies that can be leveraged to address a range of future pathogens, including virus families with significant pandemic potential. In addition, the Committee directs BARDA to allocate no less than \$10,000,000 in fiscal year 2025 to support the Disease X Medical Countermeasure Program at BARDA for expeditious development of MCMs against priority viral families, including those effective against novel pandemic pathogens.

*Next Generation Smallpox Biodefense.*—As tensions with countries of concern continue to increase, the Committee recognizes the need to ensure preparedness against biological terror threats. The Committee is concerned about the ongoing threat smallpox poses to both national security and public health, and recognizes there are existing gaps in vaccination and treatment, that would prevent a timely and effective response in the event of an outbreak. The Committee is aware of advancements in next generation therapeutics for smallpox, specifically monoclonal antibody drugs, which could address safety and efficacy issues associated with products currently available in the stockpile. Therefore, the Committee urges ASPR to prioritize the advanced development of monoclonal antibody drug products for the treatment of smallpox. Additionally, to ensure the government is investing in safe and effective medical countermeasures, the Committee urges ASPR to partner with appropriate Federal agencies like NIH to conduct a review of natural and engineered resistance of biothreat agents in the Strategic National Stockpile. ASPR is directed to update the Committee on these efforts within 1 year of enactment.

*Preventing Respiratory Infections in Hospitals.*—The Committee is concerned about the continued public health threat posed by healthcare-associated infections [HAIs], especially respiratory infections that are the greatest contributor to HAIs. Respiratory HAIs are directly responsible for deaths and rising healthcare costs; contribute to the growing crisis of antimicrobial resistance by increasing the use of antibiotics and antivirals; and severely strain our healthcare systems during times of pandemics or potential bioattacks. The Committee therefore encourages BARDA to prioritize efforts to advance respiratory technologies like ultraviolet [UV] respirators intended for use by patients in hospital and healthcare fa-

cility settings who have respiratory infections, which eliminate pathogens in exhaled breath and thereby stop the spread of these infections.

*Securing BARDA's Partnerships from Malign Actors.*—The Committee directs BARDA to submit a report to the Committees within 180 days of enactment on all partnerships with entities that are based in the People's Republic of China [PRC] or under the jurisdiction of the PRC government and their subsidiaries. The report shall include partnerships spanning the entire scope of BARDA's work including the development of vaccines, drugs, therapies, and diagnostic tools for public health medical emergencies such as CBRN accidents, incidents and attacks; pandemic influenza [PI], and emerging infectious diseases [EID]. Additionally, the report shall include the type of agreement that BARDA has entered into with a PRC entity, the scope of the agreement, the length of the agreement, and what data or information has been or will be shared with the BARDA partner.

*Tuberculosis [TB].*—Drug resistant TB is identified as a serious threat level pathogen to the United States by the Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator [CARB-X]. As drug resistant TB cases are on the rise globally, the threat to the United States also grows and BARDA's investment in new TB diagnostics, drugs, and vaccines is critical. The Committee requests an update on BARDA's investments in drug resistant TB research in the fiscal year 2027 CJ.

#### *Project Bioshield Special Reserve Fund*

The Committee recommendation includes \$825,000,000 for Project Bioshield. The Committee is committed to ensuring the Nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. These funds support the acquisition of promising MCMs developed through BARDA contracts for the most serious public health threats.

#### *Strategic National Stockpile*

The Committee includes \$980,000,000 for the Strategic National Stockpile [SNS].

*Acute Radiation Syndrome [ARS].*—The Committee notes ASPR has the responsibility of developing and procuring MCMs for naturally occurring and intentional threat agents while ensuring that these are quickly available in the event of an emergency, and that these threats include nuclear and radiological events. The Committee is concerned, however, that ASPR/SNS has only been able to meet 45 percent of the published requirement to protect Americans from ARS. Considering the risks associated with international supply chains and recent geopolitical developments, the Committee directs ASPR/SNS to prioritize domestically sourced FDA-approved MCMs for ARS and thermal burns. Additionally, given the anticipated delays in treatment initiation due to the extended time needed to deploy personnel and MCMs in the event of a nuclear or radiological incident, the Committee urges ASPR/SNS to prioritize FDA-approved countermeasures with an extended treatment window. Such countermeasures should be effective for deployment at least 48 hours after a radiological event and when administered in

the absence of blood products and other hospital level supportive care. The Committee requests a report within 30 days of enactment that includes an update on ASPR's plans to ensure existing ARS products are maintained at a level that meets the requirement and secure the continued availability of a diverse set of domestically manufactured countermeasures that will be effective under expected conditions of deployment and use.

*Antimicrobial Resistance Class Review System.*—The Committee encourages ASPR, in coordination with the Food and Drug Administration [FDA] and Centers for Disease Control [CDC], to implement a class review system to regularly assess the safety, efficacy, and vulnerability to antimicrobial resistance of existing SNS assets that could be used to respond to CBRN and public health threats and to support efforts to maintain an inventory of medical countermeasures appropriate to respond to the continued evolution of antimicrobial resistant organisms.

*Made in America Strategic National Stockpile.*—The Committee is concerned about the Nation's limited infrastructure to produce essential products such as medical devices, medical equipment, pharmaceuticals, and personal protective equipment [PPE]. The Committee strongly urges ASPR to develop a long-term sustainable procurement plan that gives preference to and results in purchases directly from domestic manufacturers to the maximum extent practicable.

*Medical Countermeasure Stockpile Preparedness.*—The most recent Medical Countermeasures Preparedness Review, submitted to Congress as part of the required annual threat-based review of the SNS, found the Department has not met medical countermeasure stockpiling requirements for numerous public health threats. Furthermore, the review demonstrated how the SNS often relies on decades-old products to fulfill other stockpiling requirements. The SNS is a key pillar in the Nation's broader strategy to protect the American people against man-made threats—like anthrax and smallpox—as well as natural disasters. Gaps in the stockpile's preparedness against these threats jeopardizes national security. Within 180 days of enactment, the Committee requests a briefing from ASPR regarding progress made by the Department in addressing the stockpile shortfalls identified by the Medical Countermeasures Preparedness Review.

*Poxvirus Countermeasures.*—The Committee commends ASPR for their role in the successful campaign to stop the 2022 MPox outbreak in the United States by deploying medical countermeasures that were previously developed, purchased and stockpiled for smallpox preparedness. The Committee is concerned however that there may now be an insufficient supply of poxvirus vaccine for immunocompromised individuals as well as poxvirus treatments in the stockpile, especially in light of the continued national security threat of an intentional or accidental release of smallpox. The Committee urges ASPR to prioritize replenishment of MCMs used during the MPox outbreak and requests a briefing within 60 days of the date of enactment on the stockpiling requirements for poxvirus vaccine and therapeutics as included in the 2022 Medical Countermeasure Preparedness Report, submitted to Congress as part of the required annual threat based review of the SNS.

*Replenishing Influenza Antivirals.*—The Committee remains concerned about the perennial threat of pandemic influenza, which could be exacerbated by expiring antivirals in the SNS. The Committee strongly urges HHS to diversify and replenish its stockpile of emergency influenza antivirals to ensure the Nation has multiple current treatment options in the event of an influenza pandemic.

*Resupply of Nerve Agent Countermeasures.*—The Committee remains concerned that the Nation is not sufficiently prepared for the threats posed by chemical weapons and nerve agents, particularly threats to the American public. Anti-convulsant medicines provide a key means of treatment, yet the SNS currently stockpiles only diazepam auto-injectors, all of which expired in October 2023. The Committee notes each of ASPR's fiscal year 2023, 2024, and 2025 congressional justifications requested funding to procure FDA-approved next generation midazolam auto-injectors to resupply the SNS. However, the Committee is concerned that ASPR does not intend to execute the appropriated funds for FDA-approved midazolam auto-injectors from fiscal year 2023 or 2024 and reiterates the request for a report included in the Further Consolidated Appropriations Act, 2024 (Public Law 118–47). Therefore, the Committee urges ASPR to take appropriate steps to resupply the expired stock of anti-convulsant medicines in the SNS.

*Reusable Respirators.*—The Committee recognizes the substantial evidence supporting the value of strategic stockpiling of reusable respirators, as documented by the National Academies of Sciences, Engineering, and Medicine. These respirators provide enhanced protection compared to disposable surgical and N95 masks through their superior face-seal characteristics. They provide superior defense for emergency service and other critical infrastructure personnel against infectious diseases, biological weapons, and chemical agents. Due to their longer operational lifetime and extended shelf-life when compared with disposable masks, reusable respirators are also more cost-effective to stockpile. Stockpiling American made reusable respirators will also ensure that first responders have rapid access to effective protective equipment and not be solely dependent on foreign supply chains and disposable products.

*Shelf-life Extension Program [SLEP].*—The Committee remains concerned with aging products in the SNS and the use of the SLEP for MCMs. While the SLEP can result in cost savings and efficiencies, it is not a substitute for the timely replenishment of aging products in stockpile. For example, the most recent Medical Countermeasures Preparedness Review, submitted to Congress as part of the required annual threat-based review of the SNS, found that ASPR often relies on decades-old products to fulfill current PHEMCE stockpiling requirements. The Committee remains concerned that efforts to achieve cost savings through SLEP could negatively impact the distribution of, patient adherence to, and ultimately consumer confidence in products in the SNS used during an emergency. In the annual SNS threat-based review, the Secretary will include the quantity of each countermeasure that is beyond 10 years of the initial FDA expiration date and the number of these aged products in the SLEP that have no industry sponsor.

*State Strategic Stockpiles.*—The Committee supports a State stockpile program, as authorized in Public Law 117–328, to supplement the Federal SNS by allowing States to secure appropriate drugs, vaccines, and other biological products, medical devices, and other medical supplies necessary to respond to a public health emergency or a major disaster. This may include products for regional threats such as mosquito-borne diseases and natural disasters such as hurricanes, tornados, blizzards, or extreme drought or international threats. The Committee recognizes the importance of guidance to States on how best to establish, expand, procure, replenish, maintain, and manage State stockpiles, while ensuring appropriate collaboration with the Federal SNS. ASPR is directed to report to the Committees within 180 days of enactment to provide an update on plans to issue guidance related to state stockpiles. The Committee notes that empowering States to support their own stockpiles and to stockpile products that may not be procured on the Federal level will improve States’ ability to protect their specific populations and appropriately prepare for and respond to emergencies. Therefore, ASPR is encouraged to establish, expand, or maintain a State stockpile program for States’ specific and unique needs, while ensuring such a program is appropriately coordinating with the Federal SNS. The Committee directs ASPR to include an update in the fiscal year 2027 CJ on its plans to implement the program, including providing a draft budget. ASPR is directed to report to the Committee on their plans no less than 15 days prior to releasing a funding opportunity announcement.

*SNS Resource Allocation Strategy and Guidance.*—The Committee urges ASPR to enhance transparency on the process for requesting resources from the SNS and how product is allocated to those requesting support during declared public health emergencies. Within 1 year of enactment, the Committee directs ASPR to provide a briefing on efforts to implement activities to support transparency and information on how to request support and how allocation of resources is determined.

*SNS Transparency.*—In prior years, the Committee has provided the SNS with funding increases on top of the tens of billions of dollars it received during the COVID–19 pandemic. Yet, the Committee continues to hear significant concerns with the SNS’ contracting bandwidth and its ability to execute on contracts in a timely manner. In addition, as products move through development and are approved by BARDA, which is publicly disclosed, the Committee does not have visibility into which products are entering the stockpile and when. Therefore, the Committee directs ASPR to include in its monthly briefings to the Committee information on which products approved by BARDA are being stockpiled. The briefing should be accompanied by a semiannual report on the contracts executed in the past 6 months. This should be an ongoing listing that will allow the Committee to continuously track products as they move through the development pipeline from BARDA through the lifecycle of product replenishment for all products in the SNS. Such semiannual reports shall include a forecasting of products that ASPR reasonably expects will move from BARDA to the stockpile over the next year.



*Temperature Sensitive Products.*—The Committee encourages ASPR to ensure that vaccines, drugs, and other temperature sensitive products are packaged, stored, and distributed using best practices for appropriate temperature control, including through the use of temperature monitoring technologies that may be placed on individual packaging.

*Pandemic Influenza Preparedness*

The Committee recommendation includes \$307,991,000, for Pandemic Influenza Preparedness. This funding supports efforts to modernize influenza research and development of vaccines and next-generation influenza medical countermeasures, preparedness testing and evaluation, as well as critical domestic vaccine manufacturing infrastructure.

*Biotechnology Platform Technologies.*—The Committee directs the Department to focus on developing and validating biotechnology platform technologies that may be capable of addressing a variety of health security threats, including emerging infectious diseases. The success of Operation Warp Speed highlighted the effectiveness of platform technologies to rapidly accelerate the development and manufacturing scale-up of novel vaccines and therapeutics to address evolving or unknown threats. There is an urgent need for a suite of similar bio-platform technologies. Recognizing the challenges of developing single MCMs to address a wide range of known and unknown threats, the Committee underscores the importance of early-stage development and validation of innovative, platform-based technologies to the point where ASPR would be confident in the ability of the platform to achieve such results, without developing a specific product for a specific threat.

*Test-to-Treat.*—The Committee believes the test-to-treat model, which was implemented for COVID-19 in retail pharmacies and health clinics, can make other infectious disease treatments available more quickly and reduce disease transmission and illness severity. The availability of accurate diagnostics and the rapid prescription of treatments is especially critical given the recent co-circulation of multiple respiratory diseases during the winter season. The Committee believes the test-to-treat model should be evaluated for the confluence of influenza, COVID-19 and RSV, given the availability of multiple diagnostic tests and antivirals. The Committee directs HHS to submit a report to Congress within 120 days of enactment on the findings of the NIH Home Test-to-Treat demonstration for influenza, lessons learned from the COVID-19 Federal Retail Pharmacy Program, and the design of a potential test-to-treat demonstration for COVID-19, influenza, and RSV to serve vulnerable populations.

OPERATIONS, PREPAREDNESS, AND EMERGENCY RESPONSE

Appropriations, 2025 .....	\$499,606,000
Committee recommendation .....	488,606,000

The Committee provides \$488,606,000 for ASPR's Operations, Preparedness, and Emergency Response activities. This appropriation supports the operations and logistics capabilities across ASPR's programs as well as the tools and resources necessary to support its emergency preparedness and response mission. This in-

cludes ASPR's financial management, acquisition, information technology, and its suite of integrated Federal medical response capabilities that is prepared to respond when disaster strikes.

*Supply Chain Control Tower [SCCT] Program.*—The Committee recognizes the importance of the SCCT Program, a voluntary collaboration between distributor partners and ASPR, to provide partial visibility for supply chain monitoring and readiness. In addition to providing insights for demand and supply forecasting, the Committee encourages ASPR to coordinate with FDA and CDC to use the SCCT to monitor the availability of a broader list of essential health and medical products.

#### *Preparedness and Emergency Operations*

The Committee includes \$31,154,000 for Preparedness and Emergency Operations. The Preparedness and Emergency Operations account funds the Office of Emergency Management, which supports the full spectrum of emergency management responsibilities, including planning, coordination, logistics, training, and responding to planned events and unplanned incidents.

#### *National Disaster Medical System*

The Committee includes \$78,904,000, for the National Disaster Medical System [NDMS] to improve the disaster readiness of the Nation by better coordinating existing assets with States and regions.

*Mission Zero.*—The Committee includes \$4,000,000, for civilian trauma centers to train and incorporate military trauma care providers and teams into care centers.

*Pediatric Disaster Care.*—The Committee includes \$7,000,000, to support the pediatric disaster care program.

*Public Health Preparedness Equipment.*—The Committee includes \$2,000,000 for ASPR to maintain next generation air mobility solutions that will ensure more cost-effective health delivery systems.

*Prepositioning Response Medical Caches Outside the Contiguous United States.*—The Committee recognizes the geographic distance of Hawaii and the U.S. Affiliated Pacific Islands [USAPI] and the need to pre-position emergency medical resources in Hawaii to mitigate risks associated with disrupted transportation networks, communications, and supply chains. The Committee urges ASPR to maintain its prepositioning of response medical caches in Hawaii to serve the State and USAPI. These medical caches should have a minimum capability to support up to two 38-person Disaster Management Assistance Teams, in order to provide immediate support to Hawaii and the USAPI during a public health or disease response.

#### *Health Care Readiness and Recovery*

The Committee's recommendation includes \$309,055,000, an increase of \$4,000,000, for Health Care Readiness and Recovery [HCRR], formerly the Hospital Preparedness Program. The HCRR portfolio includes critical programs and activities that strengthen healthcare sector readiness to provide innovative, coordinated, and lifesaving care in the face of emergencies and disasters. The Com-

mittee believes this funding should be carefully coordinated within communities to continue to provide our Nation's hospitals and emergency responders the necessary tools to respond quickly and collaboratively to public health emergencies. Within HCRR, the Committee includes \$240,000,000, for cooperative agreements, critical support to State, local, and regional partners to advance healthcare system preparedness and response.

*Biocontainment Care Capabilities.*—The Committee requests a briefing within 60 days of enactment on the planning and design resource requirements of Next Generation Biocontainment Care Capabilities at a leading civilian NDMS medical surge pilot site, as called for in section 741 of the National Defense Authorization Act for fiscal year 2021. In addition, the Committee supports ASPR's Portable Biocontainment Units, and requests the briefing include estimated funding needs for developing a regional capability to transport highly infectious patients during infectious disease outbreaks. This capability would enable medical personnel to provide safe, reliable, timely patient evacuation and transportation.

*Collaborative Learning Models.*—The Committee notes the use of technology-enabled collaborative learning models, such as Project ECHO, during the COVID-19 pandemic and encourages ASPR to leverage these solutions in its healthcare emergency preparedness and response.

*EMS Preparedness and Response Workforce Shortage Program.*—The Committee urges ASPR to address the crippling EMS workforce shortage, including in underserved, rural, and Tribal areas and/or address health disparities related to accessing prehospital ground ambulance healthcare services, including critical care transport. The Committee encourages ASPR, in consultation with the National Highway Traffic Safety Administration's Office of EMS, to develop a national pilot program of grants to governmental and non-governmental EMS organizations to support the recruitment and training of emergency medical technicians and paramedics in underserved, rural, and Tribal areas and/or addressing health disparities related to accessing prehospital ground ambulance healthcare services.

*National Special Pathogen System [NSPS].*—The Committee includes \$7,500,000, to continue to support the National Emerging Special Pathogens Training and Education Center [NETEC], and \$21,000,000 to continue to support existing Regional Emerging Special Pathogen Treatment Centers [RESPTCs] and Special Pathogen Treatment Centers [SPTCs] to prepare for future pandemic threats. Funding will support efforts to maintain and improve the Nation's preparedness against highly infectious pathogen threats. Funding will continue to be available to NETEC and RESPTCs for readiness to respond to outbreaks of infectious diseases, for additional treatment centers, for special pathogen medical transport and further establish the National Special Pathogen Systems of Care tier network.

*Regional Disaster Health Response System.*—The Committee includes \$7,000,000 to support ASPR's efforts to improve disaster readiness by better coordinating healthcare infrastructure and systems with States and across regions. The Committee urges ASPR to continue improving regional readiness efforts to increase re-

gional ability to respond to threats, leverage local, State, and Federal healthcare assets across coalition and State lines, and improve communications and coordination among participating agencies.

*Trauma Care Readiness and Coordination.*—The Committee includes \$4,000,000 to support the efforts of States and consortia of States to coordinate and improve emergency medical services and trauma care during a public health emergency. ASPR shall use these funds to award up to five grants to eligible entities for the purpose of carrying out research and demonstration projects to support the improvement of emergency medical services and trauma care in support of the duties and functions included in 42 U.S. Code Section 1A300hh–10 (b)(4)(C) of the Public Health Service Act.

#### *Medical Reserve Corps*

The Committee recommendation includes \$6,240,000 for the Medical Reserve Corps [MRC] program, which is a national network of local volunteer doctors, dentists, nurses, pharmacists, and other community members. The Committee appreciates that funding for MRCs has historically been provided to local units quickly and effectively, thereby allowing for grants to help build and sustain local communities' ability to prepare for and respond to emergencies. The Committee encourages ASPR to continue this locally-driven approach and to allocate this funding and any remaining funding from the American Rescue Plan Act via established mechanisms that provide funds directly to local MRC units, which are made up of representatives from their communities.

#### *Industrial Based Management and Supply Chain [IBMSC]*

The Committee provides \$10,000,000 for ASPR's Pandemic Preparedness and Biodefense activities. This appropriation supports the permanent establishment of the Industrial Based Management and Supply Chain Office to ensure that critical supplies are manufactured in the United States. It also provides resources to bolster pandemic preparedness and biodefense against new and emerging threats, which may include investments to accelerate advanced development of investigational vaccines, therapeutics and diagnostics; support emergency manufacturing of critical MCMs and ancillary supplies; and, to the extent feasible, invest in the expansion of the domestic medical supply chain.

The Committee recognizes that deployment of cutting-edge manufacturing technology is an essential component of a feasible pathway toward a resilient domestic manufacturing base for medicines, active pharmaceutical ingredients, and diagnostics. The Committee directs that this funding shall be used to continue and expand ongoing work to build and validate advanced manufacturing processes and facilities capable of storing, producing, and deploying essential medicines and diagnostics in the event of a national health emergency.

*Medical Countermeasures Domestic Manufacturing.*—The Committee supported BARDA's investment to accelerate the expansion of domestic manufacturing capacity for ancillary supplies, like needles and syringes, during the COVID–19 pandemic. ASPR should continue to support domestically-produced medical counter-

measures by investing in domestic capacity to manufacture essential medical products. ASPR should also explore ways to support the market for these products by deploying a variety of stockpiling methods, including vendor managed inventory strategies and bulk purchases. The Committee directs ASPR to provide details in the fiscal year 2027 CJ on efforts it has made or will make to support domestic capacity for essential medical products, like needles, syringes, and blood collection products.

*Diagnostic Manufacturing.*—The Committee remains concerned investments made by U.S. headquartered diagnostic companies for end-to-end domestic manufacturing during the COVID-19 pandemic are being undone without warm-base investment. Therefore, the Committee directs the ASPR to invest in public-private partnerships and create policies for flexible contracting with U.S. diagnostic test manufacturers to create a sustainable warm-base and supply chain for end-to-end domestic manufacturing.

*Improving Biomanufacturing Capabilities.*—The Committee urges ASPR to increase coordination with relevant Manufacturing USA institutes to address pandemic preparedness, CBRN defense, and emerging biopharmaceutical manufacturing strategies. Such coordination will aim to develop, demonstrate, and deploy technologies and response capabilities to improve public health and medical preparedness.

*Industrial Base Manufacturing and Supply Chain.*—The Committee provides funding for ASPR's continued Pandemic Preparedness and Biodefense activities. This appropriation supports the permanent establishment of the Industrial Based Management and Supply Chain Office to ensure that critical supplies are manufactured in the United States. It also provides resources to bolster pandemic preparedness and biodefense against new and emerging threats, which may include investments to accelerate advanced development of investigational vaccines, therapeutics and diagnostics; support emergency manufacturing of critical MCMs and ancillary supplies; and, to the extent feasible, invest in the expansion of the domestic medical supply chain. The Committee urges ASPR to prioritize the development of new Abbreviated New Drug Application [ANDA] by a domestic manufacturer for priority essential drugs in shortage or at risk of shortage to have domestic manufacturers able to produce a drug if it goes into shortage.

The Committee recognizes that cutting-edge manufacturing technology is an essential component of a resilient domestic manufacturing base for medicines, active pharmaceutical ingredients, and diagnostics. The Committee urges ASPR to use this funding to continue ongoing work to build and validate advanced manufacturing processes and facilities capable of storing, producing, and deploying essential medicines and diagnostics in the event of a national health emergency.

*Prioritizing Domestic Producers of Essential Medicines.*—The Committee is concerned about drug shortages of essential medicines. Therefore, the Committee urges ASPR to utilize U.S. manufacturers that are producing critical medicines, like the antibiotic amoxicillin, over non-U.S. producers.

*Rapid Detection of Bioterrorism Agents.*—The Committee is concerned that the Nation is not prepared to rapidly detect biological

agents, such as anthrax, tularemia, melioidosis, glanders, and plague, even though BARDA has successfully supported development of diagnostic technologies that detect such biothreats, in some cases simultaneously. The Committee strongly urges ASPR to prioritize partnerships with domestic manufacturers capable of producing rapid diagnostics that can detect such threats and develop a diagnostic testing preparedness plan for use during public health emergencies, disasters, and other serious public health threats.

*Strengthening Domestic Manufacturing and Production.*—The Committee commends ASPR for its support of industrial base management capabilities launched during the COVID-19 pandemic, including global supply chain situational awareness, market capabilities, rapid acquisition execution, and coordination of Defense Production Act [DPA] and Emergency Support Function [ESF]—8 authorities. This work has been essential to creating a secure and resilient domestic supply of quality and affordable essential medicines and PPE. These strategic investments in domestic technologies and industries ensure our Nation's health and biosecurity. However, the Committee remains concerned about the Nation's limited infrastructure to produce essential products such as medical devices, equipment, pharmaceuticals, and PPE. The Committee supports efforts by ASPR to expand upon the domestic industrial base to end the reliance on foreign sourced medical equipment, PPE, diagnostic tests, medical devices, and to secure the pipeline for critical medicines, including antibiotics. The Committee directs IBMSC to use available funds to continue and expand ongoing work to build and validate advanced manufacturing processes and facilities capable of storing, producing, and deploying essential medicines in the event of a national health emergency. IBMSC should seek opportunities to expand domestic manufacturing facilities with end-to-end capabilities to produce bulk drug substance, support platform technologies for MCMs, and provide fill-finish capacity. The Committee urges ASPR to use available funds to support manufacturers in building, expanding, upgrading, modifying, and/or recommissioning facilities in the United States to increase manufacturing capacity of critical medicines or their active pharmaceutical ingredients. The Committee directs ASPR to provide details in the fiscal year 2027 CJ on efforts it has made to support domestic capacity for essential medical products.

*Trusted Domestic Vaccine Supplier Capability.*—The Committee continues to recognize the need for domestic manufacturing of key biological starting materials [KSM], including plasmid DNA and mRNA, antibodies, and other MCMs, to ensure timely response to unanticipated health emergencies. Therefore, the Committee encourages ASPR to expand domestic manufacturing of KSMs and collaborate with U.S. companies that have pharmaceutical capabilities to ensure the development and stockpiling of synthesized medicines for future pandemics and biothreats.

*Warm-Base Manufacturing.*—The Committee supports warm-base surge production capacity contracts with domestic manufacturers, including NIOSH-approved N95 respirators and other domestic PPE manufacturers who received Federal funding to expand manufacturing capacity during the COVID-19 pandemic. ASPR is encouraged to maintain domestic manufacturing surge capacity

and capabilities to prepare for, or respond to, an existing or potential public health emergency or otherwise address threats that pose a significant level of risk to national security.

## OFFICE OF THE SECRETARY

### GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2025 .....	\$710,955,000
Committee recommendation .....	677,964,000

The Committee provides \$677,964,000 for General Departmental Management [GDM]. The recommendation includes \$64,828,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

This appropriation includes funding for cybersecurity and supports activities that are associated with the Secretary's role as policy officer and general manager of the Department. It supports health activities performed by the Office of the Assistant Secretary for Health [OASH], including the Office of the Surgeon General. GDM funds also support the Department's centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

Within the total provided for GDM, the Committee provides not less than the following amounts:

Budget activity	Committee recommendation
Children's Interagency Coordinating Council .....	\$3,000,000
Embryo Adoption .....	1,000,000
Food is Medicine .....	2,000,000
Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes .....	2,000,000
KidneyX .....	5,000,000
LymeX .....	5,000,000

*AD/RD Early Intervention.*—The Committee encourages the Department to prioritize early interventions for Alzheimer's disease and related dementias, and to identify and implement a comprehensive set of actions to assess risk factors for cognitive decline and dementia. Such an assessment should emphasize historically underserved communities, including individuals with Down syndrome. Actions should include: conducting health risk assessments; identifying opportunities to address known risk factors; examining incentives to promote brain health; providing payments for prevention and care delivery models that incorporate brain health as part of care and treatment of other conditions; and examining the development and implementation of quality measures specifically related to brain health.

*Alzheimer's Advisory Council.*—The Committee is encouraged by the Department's leadership to ensure that risk reduction is part of our Nation's plan to end Alzheimer's disease and continues funding for the Advisory Council on Alzheimer's Research, Care and Services. The Committee notes the Department is required to hold quarterly Advisory Council meetings and issue a yearly strategic

plan, per the National Alzheimer's Project Act (Public Law 111-375) and directs the Department to do so. More than 3 years ago, the Secretary announced that the 2021 plan update would include a sixth goal [Goal Six] of reducing risk factors for Alzheimer's disease. The Committee requests a briefing within 180 days of enactment of this act on progress made toward meeting that goal. The briefing should include information on funding allocated toward achieving Goal Six; how progress is being measured and tracked; and an overview of how HHS and other Federal agencies are implementing prevention strategies and working with non-governmental organizations to meet Goal Six.

*Antimicrobial Resistance [AMR].*—The Committee continues to support the administration's proposal to combat antibiotic-resistant infections by strengthening national One Health surveillance efforts, encouraging the development of innovative diagnostic tests for resistant bacteria, and accelerating the development of new antibiotics, other therapeutics, and vaccines. Within 60 days of enactment of this act, the Committee requests a briefing detailing how HHS and its agencies are coordinating their AMR-related efforts, as well as domestic and international AMR trends.

*Bereavement Care.*—The Committee is concerned that individuals and families often suffer severe health, social, and economic declines following the death of a loved one, be it a child, sibling, spouse, or parent. The Committee encourages the Secretary to coordinate efforts across HHS to advance bereavement care for families, including interventions or programs that could help coping or adaptive processing.

*Biotech Reagents.*—The Committee is concerned by the increased reliance on foreign imports of active pharmaceutical ingredients, which are often made from U.S. exports of basic organic chemicals and biochemical reagents. The Committee encourages the Secretary to consult with drug manufacturers, scientific experts, and across Federal agencies to compile a list of organic chemicals and biochemical reagents required to produce active pharmaceutical ingredients, biopharmaceutical treatments, and other medicines listed on the World Health Organization's essential medicines list. Further, the Secretary should examine, to the extent possible, additional medical and non-medical industrial uses of such identified reagents.

*Budget Requests.*—The Committee directs the Department to provide current and valid hyperlinks to all HHS budget requests for the previous five fiscal years, including all operating divisions budget requests, on the HHS Website.

*Children's Interagency Coordinating Council.*—The Committee recognizes the Assistant Secretary for Planning and Evaluation's [ASPE] role in supporting the work of the Children's Interagency Coordinating Council. The Committee continues current funding at \$3,000,000 for the Interagency Council's activities. The Committee requests a briefing within 180 days of enactment of this act on the Interagency Council's activities, including efforts to establish a permanent leadership structure and identify officials from key agencies across the government who will participate as members of the council.



*Chronic Numbness and Pain after Mastectomy.*—The Committee recognizes research demonstrating that long-term impacts after mastectomy can lead to significant functional impairment and quality of life issues for breast cancer survivors. The Committee is aware of technological procedure advancements that can restore normal breast functions, such as sensation, and improve functional impairment, physical safety, and quality of life for breast cancer survivors. The Committee encourages the Secretary, in collaboration with other relevant HHS agencies, to explore technological advances impacting health outcomes after mastectomy and requests an update in the fiscal year 2027 CJ about this issue.

*Communications With the Committee.*—The Committee relies on its relationship with the Assistant Secretary for Financial Resources [ASFR] and agency budget offices to make decisions about how to best allocate budget resources and provide oversight over how taxpayer dollars are spent. ASFR has a responsibility to ensure that the Committees receive accurate and timely information including by ensuring that individual agencies and operating divisions provide program-specific information in a timely manner upon request. The Committee directs ASFR to improve the quality and timeliness of the information it provides, including by reforming and streamlining internal clearance processes, and allowing individual budget offices and congressional liaisons to communicate directly with the Committee as they have done historically. Given the current inadequate levels of communication and transparency provided by congressional liaisons at ASFR, upon enactment, the Committee directs the heads of each operating division to provide no less than monthly briefings to the Committees. In addition, the Committee directs the budget offices of each operating division to provide monthly briefings to the Committees.

*Coordination and Mitigation of H5N1.*—The Committee recognizes the ongoing impact of H5N1. Within 60 days of enactment of this act and every 60 days thereafter, the Committee directs HHS, in coordination with CDC, NIH, ASPR, FDA, USDA, and other relevant Federal entities to provide a briefing on: (1) progress in mitigating H5N1 outbreaks, including USDA's progress in implementing its five-pronged strategy; (2) current Federal efforts to coordinate with State, local, Tribal, and territorial partners to identify and mitigate the spread of the virus through testing and surveillance or other means, including any limitations in carrying out these efforts; (3) current Federal efforts to collaborate with global partners in responding to H5N1 outbreaks around the world; and (4) projected demand, capacity, and stockpiles for critical medical products, including PPE and antivirals, needed in response to a potential pandemic.

*Dietary Guidelines.*—The Committee recognizes that existing research has shown that ultra-processed plant-based alternatives to dairy are not nutritionally equivalent, and that consumers may not fully understand the nutritional differences between dairy and plant-based alternatives. The Secretary should ensure that the process for developing the 2025 Dietary Guidelines includes recommendations that are based on the preponderance of scientific and medical evidence consistent with section 5341 of title 7 of the U.S. Code, and that it is fully transparent and includes a balanced

representation of individuals who are unbiased and free from conflicts of interest.

*Embryo Adoption Awareness Campaign.*—The Committee continues funding at \$1,000,000 for the Embryo Adoption Awareness Campaign to educate Americans about the existence of frozen human embryos (resulting from in-vitro fertilization), which may be available for donation/adoption to help other couples build their families. The Committee includes bill language permitting these funds to be used to provide medical and administrative services to individuals adopting embryos, deemed necessary for such adoptions, consistent with the Code of Federal Regulations.

*Ending the HIV Epidemic.*—The Committee continues support for this initiative but is concerned by a lack of quantifiable data showing outcomes of a program started in 2019. Therefore, the Committee directs HHS to: (1) provide a spend plan to the Committees no later than 60 days after enactment of this act, to include resource allocation by State; (2) brief the Committees on the fiscal year 2026 plans no later than 90 days after enactment of this act; (3) provide the Committees an update on the program's performance data since the beginning of the initiative through the latest available data, making sure to address each of the initiative's goals and performance metrics, no later than 180 days after enactment of this act and updated annually throughout the life of the initiative.

*Faith and Community-Based Organizations.*—The Committee notes the impact of ongoing efforts and local partnerships to promote healthcare access and address chronic health challenges in underserved communities. The Committee encourages HHS to maintain and advance these partnerships, including with houses of worship and community organizations.

*Food is Medicine.*—The Committee continues to provide \$2,000,000 to support ongoing efforts in OASH for the Food is Medicine [FIM] project to implement a Federal strategy to reduce nutrition-related chronic disease, address food insecurity, and improve health outcomes. The Committee encourages HHS to maintain and regularly update the knowledge hub and to collaborate with other Federal agencies on best practices, tools, and guidance related to FIM interventions, including design, implementation, and evaluation of pilot programs. Given the potential to improve patient care and lower healthcare costs, particularly for individuals with chronic and costly illness, the Committee encourages the Office of Secretary to convene stakeholders and coordinate activities and develop a national action plan to help increase access to medical foods and medical nutrition therapy.

The Committee appreciates that the Administration is prioritizing this initiative in alignment with its Make America Healthy Again goals. The Committee also notes that various agencies throughout the Department currently have or plan to undertake FIM-related programs. Consequently, the Committee directs the Secretary to coordinate FIM activities across the Department and explore how to align these initiatives in a synchronized strategy. Further, the Committee notes the importance of research and evidence to examine policies that support reimbursement and scaling of FIM interventions in healthcare. Therefore, the Committee

urges the Secretary to coordinate and consult with other Federal departments with expertise in nutrition such as USDA, VA, and IHS to continue to look towards innovative approaches to improve access to FIM. Finally, given the important role of nutrition education in expanding access to FIM, the Committee encourages the Department to continue to pursue all opportunities to engage with medical accrediting bodies and State continuing medical education [CME] organizations to further incorporate nutrition competencies into training requirements.

*Global Health Research.*—The Committee requests an update in the fiscal year 2027 CJ on how CDC, FDA, BARDA, NIH, including the Fogarty International Center, and other agencies jointly coordinate global health research activities with specific metrics to track progress and collaboration toward agreed upon health goals.

*Group Purchasing Organizations' [GPOs] Role in Prescription Drug Costs.*—The Committee seeks to better understand the influence of pharmacy benefit managers [PBMs] and their respective GPOs on prescription drug pricing. The Committee encourages the Secretary, in consultation with the Federal Trade Commission and the CMS Administrator, to examine the role and impact of GPOs employed by PBMs in negotiating prescription drug pricing, rebates, and fees associated with formulary placement by the PBM, including options for enhancing transparency and oversight of PBM–GPO arrangements. The Committee directs the Secretary to provide the Committees a briefing within 120 days of enactment and a final report no later than 1 year after the enactment of this act.

*Health Data Coordination.*—The Committee notes the potential for improving health and wellness through new technologies that measure broad biomarkers, digital data, and other health span, longevity, and status indicators. The Committee encourages the Secretary to coordinate with officials from the White House Office of Science and Technology Policy and Department of Defense to identify and coordinate Federal investments in technology and research to generate and make use of health data for the purpose of improving health and wellness while ensuring the continued protection of individually identifiable health information, including the development of new technologies to generate data on health states from biological samples and artificial intelligence systems that can better integrate health data.

*Hospital Cybersecurity Infrastructure.*—The Committee recognizes that cybersecurity has been one of the most significant investments hospitals have had to make in the past decade in terms of technology, workforce, and insurance. As the number of health-related cyber-attacks increase, hospitals are reporting that cyber insurance premiums are increasing at a rate of 20–50 percent per year. The Committee encourages the administration to work with hospitals, especially small and rural providers, and other healthcare stakeholders prior to finalizing any new cybersecurity standards.

*Housing-Related Supportive Services.*—Individuals who have serious and complex health challenges, including mental health and substance use disorders, and chronic medical conditions, require additional supports to maintain stable housing. The Committee

supports coordination between the Department of Housing and Urban Development [HUD], CMS, SAMHSA, ACL, and ASPE to provide direct technical assistance to communities leveraging existing programs, like Medicaid, to cover and provide housing-related supportive services and behavioral healthcare. The Committee directs HHS and HUD to jointly brief the Committees on Appropriations on this effort within 180 days of enactment of this act.

*Infectious Diseases.*—The Committee recognizes the crucial role HHS plays in advancing progress in the prevention, diagnosis, and treatment of infectious diseases. Within 1 year of enactment of this act, the Committee directs the Secretary to submit a report to Congress detailing the steps that HHS and its agencies are taking to accelerate progress in the fight against infectious disease both domestically and globally, including progress combatting tuberculosis, influenza, avian flu, antimicrobial resistance, sepsis, valley fever, Lyme disease, and other existing and future viral, bacterial, fungal, and parasitic infections. Such report shall include up-to-date detailed spending on each disease area by agency and operating division and comparisons to prior fiscal years.

*Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes.*—The Committee continues to provide \$2,000,000 to provide regular progress reports on activities and outcomes of HHS programs directed toward improving maternal health outcomes.

*LymeX.*—The Committee continues to provide \$5,000,000 to advance public-private partnerships and innovation in Lyme disease prevention, diagnosis, and treatment through the HHS Office of the Chief Technology Officer.

*Maternal Health.*—Research continues to demonstrate that the United States has higher rates of maternal mortality and adverse maternal health outcomes than peer countries. The Committee remains concerned by these findings, and directs HHS to prioritize efforts to improve maternal health outcomes and reduce maternal mortality by expanding the maternity care workforce, developing a maternal health quality outcomes measure, and enhancing postpartum social supports for families. Further, the Committee directs HHS to focus on efforts to improve coordination across maternal health programs and requests a report within 180 days of enactment of this act detailing plans to further such collaboration and leverage agency expertise.

*Mental Health Grants Dashboard.*—The Committee encourages the Secretary to establish and operate an interactive, user friendly, Internet website-based dashboard that improves public access to information about Federal grants related to mental health and substance use disorder, including for potential applicants for such grants.

*National Parkinson's Project.*—The Committee is encouraged by the Department's implementation of the National Parkinson's Project, as created by the Dr. Emmanuel Bilirakis and Honorable Jennifer Wexton National Plan to End Parkinson's Act (Public Law 118–66). Within 90 days of enactment of this act, the Department shall provide a report on the projected costs of full implementation of the act and describe steps the agency will take to implement the

act, as well as an update on activities of the Advisory Council on Parkinson's Research, Care, and Services.

*Neglected Tropical Diseases.*—The Committee notes that the increasing presence of Neglected Tropical Diseases [NTDs] in the United States, particularly among the Nation's most vulnerable populations, represents a significant health and economic burden. Within 180 days of enactment of this act, the Committee requests a briefing on HHS' efforts to assess the incidence and prevalence of NTDs and identify gaps in research and development impeding the Nation's ability to combat these threats.

*Mental Health Parity.*—The Committee encourages the Secretary to support State insurance departments for the implementation of mental health parity as authorized in Public Law 117–328.

*Nonrecurring Expenses Fund [NEF].*—The Committee directs the Secretary to prioritize obligations from resources in the NEF for projects currently underway. The Secretary should complete outstanding projects in a timely manner and prior to funding new projects. As part of the annual CJ, the Department is directed to include the anticipated balances available for transfer into and uses of the NEF for the current and budget fiscal years. Additionally, the Department is directed to provide the Committees quarterly reports for all ongoing projects. The report shall include the following for each project: a description and timeline for each project; the date the project was notified to the Committees; total obligations to date; obligations for the prior fiscal year; anticipated obligations for current fiscal year; any expected future obligations; and the total unobligated balance in the NEF. In addition, the Committee requests biannual reports on expired balances that are eligible for transfer to the NEF. Such report shall include the Treasury Account Fund Symbol, program name, unobligated balance, and unexpended balance. Such report shall be transmitted 30 days after the close of the second quarter and within 45 days after the close of the fourth quarter of the fiscal year.

*Obesity.*—The Committee notes that the CDC formally recognizes obesity as a disease and recommends that it should be treated with evidence-based therapies. Intensive behavioral therapy, improved diet and nutrition, and medication, in addition to surgical procedures, can lead to weight loss and have the potential to improve health outcomes for those with obesity-related health conditions including diabetes, coronary heart disease, and hypertension. Additionally, evidence points to rural areas and communities of color as having a higher rate of disease burden. Obesity is a preventable condition with a significant potential for reduction in burden of disease with adequate investment in proven prevention measures. The Committee encourages HHS to take a comprehensive approach to preventing and treating obesity as a chronic disease, including collaborating with other Federal agencies and conducting an evaluation of the work and research being done across HHS agencies on the costs, risks, and benefits of preventive measures and treatments, and uptake of medications such as GLP–1 agonists. The Committee requests a briefing on this effort within 180 days of enactment of this act.

*Payment Management System [PMS].*—The Committee notes with concern reports of payment delays and disruptions from the

PMS, which can cause significant challenges and inefficiencies for states and local organizations administering Federal programs. Within 30 days of enactment of this act, the Committee directs HHS to brief the Committees on the status of the PMS and any technical improvements that HHS has made to improve payees ability to use the PMS to access funds in a timely manner. The Committee further directs HHS to immediately notify the Committees of any PMS outages or technical problems exceeding 48 hours, and any payment delays or disruptions in the PMS distribution of funds exceeding 14 days for individual payees, including any delays resulting from Executive Order 14158 or Executive Order 14222.

*Pharmaceutical Supply Chain Risk Assessment.*—The Committee directs the Secretary, in consultation with the Secretaries of Defense and Homeland Security, as well as with the Director of the Office of Pandemic Preparedness and Response Policy, to provide a risk assessment of the pharmaceutical supply chain within 18 months of enactment of this act. The assessment shall be done in coordination with the private sector and examine drugs, including generic drugs, to identify a list of medicines: (1) that are reasonably likely to be required to respond to a public health emergency or chemical, biological, radiological, or nuclear [CBRN] threat; (2) whose shortage would pose a significant threat to the U.S. healthcare system or at-risk populations; and (3) whose shortage would pose a risk to national security. The assessment shall also assess and identify: (1) key starting materials and excipients used in manufacturing the active pharmaceutical ingredients and drugs on the list; (2) current domestic manufacturing capabilities; (3) critical vulnerabilities, including cybersecurity threats; and (4) any deficiencies, lack of authorities, or limitations in policy or process that limit the ability of the Departments of HHS, Defense, or Homeland Security to address vulnerabilities in the pharmaceutical supply chain and how it will mitigate such vulnerabilities.

*Psychedelic Therapies.*—The Committee encourages the Secretary to examine evidence-based care models for psychedelic or entactogenic-assisted therapies for treatment of mental health and substance use disorders. Specifically, HHS should assess the impact of current policies, oversight, and regulatory structures on care quality and patient outcomes; the cost implications of scaling-up models of care; focus areas for future Federal research; and care delivery best practices as well as challenges and opportunities in implementing these care delivery models in Federal health programs. The Committee requests an update on these activities in the fiscal year 2027 CJ.

*Public Health Service Commissioned Corps.*—The Committee recognizes the contributions of the United States Public Health Service Commissioned Corps [USPHSCC] in providing public health and medical expertise and in responding to public health crises domestically and abroad. The nation's ability to respond to future health crises is hindered without adequate funding to sustain the active duty and reserve components. The Committee encourages the Secretary to continue to fund the USPHCSS to adequately carry out their unique mission as the only uniformed service with a public health mission.

*Rare Diseases.*—The Committee recognizes that multiple Federal departments, agencies and programs exist to address the needs of people impacted by rare diseases and improve the lives of members of the rare diseases community. The Committee recognizes the importance of enhanced coordination and collaboration across the Federal Government and encourages the Secretary to initiate efforts to focus on optimizing rare disease activities across the Federal Government and assess all Federal agency activities concerning rare diseases.

*Reimbursements for Certified Registered Nurse Anesthetists [CRNAs].*—The Committee is aware of recent efforts to reduce reimbursement for CRNA provided anesthesia, in conflict with section 2706(a) of the Public Health Service Act. The Committee directs the Departments of Health and Human Services and Labor to take appropriate action to address this issue and protect access to anesthesia services for rural and underserved communities.

*Reorganizations.*—The Department has long collaborated with the Committee on any reorganization proposals, including on the substance of the proposal and on the technical elements of aligning appropriations language with the organizational and functional structure of the Department. The Committee shares the Department's goal of improving the health of all Americans and remains committed to working with the Department on shared priorities. However, the Committee is concerned by the lack of information provided thus far on HHS' current plans for reorganization, especially in light of Department personnel actions that resulted in statutorily required activities being stalled. The Department's programs touch the lives of nearly every American and it is paramount that any reorganization improves HHS' ability to carry out its responsibilities, including carrying out the programs, projects, and activities funded in this act in a timely manner.

*Rural Health Strategy.*—The Committee recognizes the persistent disparities in health outcomes and access to care between rural and urban communities. These disparities are often driven by factors such as workforce shortages, geographic isolation, and facility closures. The Committee directs the Secretary, in coordination with CDC, NIH, SAMHSA, and CMS, to develop a coordinated rural health strategy. Within 90 days of enactment, the Committee requests a report outlining all existing Department-funded activities specifically targeting rural communities, including those focused on technical assistance, service delivery, workforce, and research, as well as rural-specific components embedded in broader programs. Additionally, the Committee urges the Secretary to ensure the experiences of rural communities are accurately captured and addressed in Department-supported research, data collection, and program evaluation efforts, including public data releases.

*Rural News Media and Advertising Campaigns.*—The Committee continues to recognize the critical role local media plays in delivering public health messages to small or rural communities. Therefore, the Committee directs the Secretary to ensure that local media in small or rural markets are part of Federal public health advertising campaigns. To further this goal, the Committee directs the Secretary, in coordination with the Assistant Secretary for Public Affairs and the Department's media buyer contractors, to utilize

local news media in small or rural areas for HHS and its related agencies' public advertising campaigns to reach citizens with key health messages. Local media includes newspapers, including non-daily newspapers; television; and radio. Within 90 days of enactment of this act, the Committee directs the Office of the Secretary to provide a briefing on the efforts of the Department in its utilization of local media in small and rural areas as part of the Department's public health advertising campaigns for fiscal year 2026 and future fiscal years, and the amount of money allocated to local media in small and rural areas for fiscal year 2025 broken down by Statewide newspapers, non-daily newspapers, TV and radio. The Committee also directs the Assistant Secretary for Public Affairs in consultation with the CDC's Office of Rural Health to undertake a review of the use of local media in small and rural communities in a HHS public health advertising campaign in fiscal year 2026 in several States to better understand the role of local media as a key delivery system to reach small and rural communities with important health messages. The Committee requests a report detailing this review within 1 year of enactment of this act.

*Sleep Disorders.*—The Committee notes the lack of dedicated sleep health and sleep disorders activities across HHS despite the number of Americans affected, the economic cost and burden of illness, and the connection between sleep and serious chronic diseases, including obesity and heart disease. HHS is encouraged to establish a coordinating effort to promote sleep health and provider education and awareness of sleep disorders.

*Smoking Cessation.*—The Committee acknowledges the Department's commitment to combatting chronic disease and notes that this priority issue cannot be adequately addressed without advancing innovation in smoking cessation treatment to help all patients, including those with chronic diseases, be more effective in their quit attempts and treatment outcomes. Within 90 days of enactment of this act, the Committee requests a briefing from the Department on the specific actions it will take working with the FDA to incorporate a focus on smoking cessation treatment innovation in the Department's work to help Americans be healthy.

*Staffing Reports.*—The Committee provides funding levels across HHS for the Department and its operating divisions to carry out their statutory responsibilities including carrying out the programs, projects, and activities funded in this act in a timely manner. Within 30 days of enactment of this act and monthly thereafter, the Committee directs the Department to submit a staffing report in Excel table format to the Committees which shall include the number of on-board staff for each operating and staff division as of the end of fiscal year 2024, the end of fiscal year 2025, and monthly thereafter. For each operating and staff division this shall include the number of competitive service, excepted service (delineated by schedule A, B, C, D, and title 42), and detailees. For HRSA, this shall include the number of on-board staff at the program, project, and activity level disaggregated by Bureau. For CDC, this shall include the number of on-board staff disaggregated by Center, Program, and Office. For NIH, this shall include the number of on-board staff at the program, project, and activity level, disaggregated by Institute, Center, and Office. For ACF, this shall



include the number of on-board staff disaggregated by Program and Office. For ACL, this shall include the number of on-board staff disaggregated by the Center, Office, Administration, and Institute level. The Committee notes that these monthly staffing reports should demonstrate the Department and agencies' progress in coming into compliance with the directives included in this report. Additionally, as required under section 228 of this act, the Department shall provide the Committees on a biannual basis an excel table which includes the names, titles, grades, agencies or divisions, and date of hire of all of the political appointees that were employed by the Department during the previous 180 days.

*Substance Use Disorder Treatment Outcomes.*—The Committee recognizes that long-term, evidence-based outcomes research on various treatment modalities for substance use disorder is limited. The Committee directs the Department to expand and coordinate evidence-based, long-term outcomes research for different modalities of treatment and recovery support for substance use disorder treatment. Such research should consider measures of mortality, morbidity, and physical health, as well as quality-of-life measures, such as employment, criminal justice involvement, family relationships, and stable housing. The Department is further directed to conduct research across the demographic populations of people with substance use disorders, including those that have historically been under-researched.

*Vector Borne Diseases.*—The Committee commends the Department for the 2024 release of the National Public Health Strategy to Prevent and Control Vector Borne Diseases in People and encourages continued collaboration and innovation to reach targeted public health outcomes for the United States, including the target of reducing the number of Lyme disease cases (laboratory confirmed) 25 percent by 2035.

*Wuhan Institute of Virology.*—The Committee is encouraged by the actions taken to debar the Wuhan Institute of Virology, Chinese Academy of Sciences Capital Construction and EcoHealth Alliance, Inc. from participating in United States Federal Government programs and ensure that they are unable to receive Federal Government funding, pursuant to 42 CFR 180.800. Accordingly, this bill does not include funding for either entity.

The Committee directs the Department to provide a report to the Committee within 30 days of enactment of this act regarding compliance with the debarment, any updates on debarment proceedings, as appropriate, and ways the Department is ensuring that Federal funds are not awarded to entities based on evidence that provides cause for suspension under 2 CFR 180.700 and 180.800.

#### *Teen Pregnancy Prevention*

The Committee provides \$101,000,000 for the Teen Pregnancy Prevention Program [TPPP]. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches and develop and evaluate new and innovative approaches to prevent teen pregnancy and STIs among adolescents. In addition, the recommendation includes \$6,800,000 in transfers available under section 241 of the PHS Act.

*TPPP.*—The Committee includes \$900,000 for ASPE to support the TPPP Evidence Review. The Evidence Review is an independent, systematic, rigorous review of evaluation studies that informs grant making and provides a clearinghouse of evidence-based programs for other Federal, State, and community initiatives.

*Office of Minority Health*

The Committee provides \$70,835,000 for the Office of Minority Health [OMH]. The Office focuses on strategies designed to decrease health disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals and coordinates all departmental activity related to identifying and disseminating innovative and effective approaches for improving health outcomes for racial and ethnic minority individuals.

Within the total provided for OMH, the Committee provides not less than the following amounts:

Budget activity	Committee recommendation
Center for Indigenous Innovation and Health .....	\$4,000,000
National Lupus Training, Outreach, and Clinical Trial Education .....	2,000,000
Promoting Language Access Services .....	4,000,000
Improving Maternal Health Outcomes .....	10,000,000

*Asian American, Native Hawaiian, and Pacific Islander [AANHPI] Youth Mental Health.*—The Committee notes with concern that suicide has been the leading cause of death for AANHPI youth ages 10 through 24 in recent years. The Committee encourages the Department to examine the prevalence and causes of behavioral health conditions among AANHPI youth, including by identifying ways the Department can address this disparity and improve access to behavioral healthcare for AANHPI youth.

*Center for Indigenous Innovation and Health.*—The Committee recognizes the importance of promoting Indigenous solutions to advance health, and continues to provide \$4,000,000 for the Center for Indigenous Innovation and Health. The Committee recognizes the Center's efforts to partner with institutions of higher education with a focus on Indigenous health research, education, and policy among American Indians and Alaska Natives, as well as a focus on Indigenous health policy and innovation among Native Hawaiians and Pacific Islanders. The Committee encourages the Center to both continue and expand these efforts, including by focusing on improving health outcomes for Indigenous youth.

*Middle Eastern and North African [MENA] Communities.*—The Committee recognizes that accurate and representative health data may improve the ability for underserved populations to receive greater access to healthcare services. The Committee encourages the Department to examine access to its programs and initiatives for Middle Eastern and North African [MENA] populations, including by assessing gaps in previously collected data on race and ethnicity.

*National Lupus Training, Outreach, and Clinical Trial Education [Lupus Program].*—The Committee continues to provide \$2,000,000 for the Lupus Program to eliminate health disparities,

improve health outcomes, and encourage participation in clinical trials among minority populations affected by the disease.

*Promoting Language Access Services.*—The Committee continues no less than \$4,000,000 to support the development of methods of informing limited English proficient [LEP] individuals about their right to and the availability of language access services. The Committee supports the Department’s efforts to improve external communications, which should include mediums such as television and radio, to reach LEP communities. The Committee encourages the Department to review communication practices and create uniform applications across all HHS agencies to strengthen communication practices to include digital, television, and radio advertising when working with LEP communities.

*Improving Maternal Health Outcomes.*—The Committee continues to provide \$10,000,000 to support community-based and other eligible organizations located in geographic areas with high rates of adverse maternal health outcomes, particularly among racial and ethnic minority families. The Department should support activities that include but are not limited to identifying evidence-based and evidence-informed practices for: addressing non-medical factors that affect health outcomes; promoting evidence-based health literacy and pregnancy, childbirth, and parenting education programs; providing support from perinatal health workers; and providing culturally congruent, linguistically appropriate, and trauma-informed training to perinatal health workers.

#### *Minority HIV/AIDS*

The Committee provides \$56,000,000 for the Secretary’s Minority HIV/AIDS Fund [MHAF] to strengthen and expand services provided by minority-serving community-based organizations [CBOs] for HIV education and awareness campaigns, testing, prevention, linkage to care, and engagement in care to racial and ethnic minority individuals at risk for or living with HIV in order to address the decline in HIV testing and the challenges with linkage to and retention in care and treatment that occurred during the COVID–19 pandemic. Funding may be prioritized for minority-serving CBOs in the South, which has the highest burden of HIV of any region nationwide. The Committee includes \$5,000,000 in funding for the Tribal set aside within the MHAF.

#### *Office of Women’s Health*

The Committee provides \$42,140,000 for the Office of Women’s Health [OWH]. This office develops, stimulates, and coordinates women’s health research, healthcare services, and public and healthcare professional education across the Department. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction to address the disparities in women’s health.

Within the total provided for OWH, the Committee provides not less than the following amounts:

Budget activity	Committee recommendation
Combating Violence Against Women .....	\$10,100,000
Eating Disorders Research .....	750,000

Budget activity	Committee recommendation
Pregnant and Lactating Women's Advisory Committee .....	200,000
Reporting on Access to Medical Forensic Exams .....	5,000,000
Stillbirth Working Group .....	1,750,000

*Access to Lactation Support Services.*—The Committee continues to support HHS' initiatives to improve access to lactation support services for all women who choose to breastfeed. The Committee notes that despite guidance from the HHS Women's Preventive Services Initiative recommending that families receive comprehensive lactation support services to optimize the successful initiation and maintenance of breastfeeding, many families struggle to gain access to quality lactation care. The Consolidated Appropriations Act of 2023 (Public Law 117–328) included funding for HHS to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine [NASEM] to provide an evidence-based, non-partisan analysis of the macroeconomic, health, and social costs of U.S. breastfeeding rates and national breastfeeding goals. The Committee expects that this analysis should also examine how health insurers have implemented comprehensive lactation services, the standards set to determine reimbursement rates for breastfeeding supplies and services, and the current best practices used to provide coverage to help women breastfeed.

*Combating Violence Against Women.*—The Committee includes \$10,100,000 to combat violence against women through the State partnership initiative. This program provides funding to State-level public and private health programs to partner with domestic and sexual violence organizations to improve healthcare providers' ability to help victims of violence and improve prevention programs. The Committee continues to recommend OWH create a State-level pilot program to incentivize substance use disorder treatment providers to be trained on intimate partner violence.

*Eating Disorders.*—The Committee remains concerned that eating disorders have one of the highest fatality rates of any psychiatric illness, with girls and women at heightened risk for developing an eating disorder during their lifetime. The Committee recognizes the efforts of OWH to address eating disorders, and continues to provide \$750,000 for such efforts. The Committee encourages OWH to address early detection and treatment protocols for women and girls with or at-risk of developing an eating disorder, and to examine the lack of pediatric and adolescent screening in the primary care and pediatric settings. Further, the Committee encourages OWH to convene with relevant Federal agencies and stakeholders to ensure coordination among Federal efforts to address eating disorders research, prevention, intervention, and treatment, and gather recommendations for better administration of existing Federal programs.

*Pregnant and Lactating Women's Advisory Committee.*—The Committee provides no less than \$200,000 for the Pregnant and Lactating Women's Advisory Committee. The Committee requests an update in the fiscal year 2027 CJ on progress and Federal activities undertaken to implement the Task Force on Research Specific to Pregnant Women and Lactating Women [PRGLAC] rec-

ommendations and recommendations for further implementation of PRGLAC recommendations.

*Reporting on Access to Medical Forensic Exams.*—The Committee provides \$5,000,000 to OWH to support grants to States and Tribes to collect data and report on access to medical forensic exams for sexual assault survivors, in order to implement sections 503 and 504 of the Violence Against Women Act Reauthorization Act of 2022 (Public Law 117–103). OWH should work collaboratively with States and Tribes, and using data-driven approaches, identify areas for improvement in healthcare delivery systems providing forensic examinations to survivors of sexual assault.

*Stillbirth Working Group.*—The Committee provides \$1,750,000 under the Office of the Secretary to support the continued implementation of the recommendations of the Stillbirth Working Group. The Committee directs the Department to prioritize (1) improved data collection and surveillance systems including the modernization of fetal death reporting and interstate data harmonization, (2) identification of evidence-based risk reduction strategies, especially in disproportionately affected populations, and (3) initiatives to support maternal mental health and bereavement care. The Department is directed to submit an update to the Committee no later than 180 days after enactment of this act on the status of implementation efforts and remaining gaps.

*Women’s Health Research Study.*—To address the persistent gaps in knowledge of women’s health and improve access to care, the Secretary should continue to coordinate with NIH and NASEM in support of research that explores the proportion of research on conditions that are more common or unique to women. This research should establish how these conditions are defined and ensure that it captures conditions across the lifespan and determine the appropriate level of funding that is needed to address gaps in women’s health research at NIH and submit to Congress a report containing the findings and recommendations of the study no later than 18 months after enactment of this act.

#### *Office of the Assistant Secretary for Administration*

##### *Cybersecurity*

The Committee provides \$100,000,000 for information technology cybersecurity in the Office of the Chief Information Officer and HHS-wide to strengthen the Department’s cybersecurity posture. These funds provide continuous monitoring and security incident response coordination for the Department’s computer systems and networks.

##### *Office of National Security*

The Committee provides \$8,983,000 for the Office of National Security to support strategic all-source information, intelligence, defensive counterintelligence, insider threat intelligence, enterprise supply chain risk management, security for classified information, and communications security support across the Department. These funds sustain the Department’s security and threat awareness and its ability to respond swiftly and effectively to national and homeland security threats.

*Office of Global Affairs*

The Committee provides \$7,009,000 for the HHS Office of Global Affairs to support its work to lead global health diplomacy and policy coordination efforts for HHS to strengthen U.S. health security and pandemic preparedness.

## OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2025 .....	\$196,000,000
Committee recommendation .....	196,000,000

The Committee provides \$196,000,000 for the Office of Medicare Hearings and Appeals [OMHA]. This Office is responsible for hearing Medicare appeals at the Administrative Law Judge [ALJ] level, which is the third level of Medicare claims appeals. OMHA ensures that Medicare beneficiaries who are dissatisfied with the initial decisions about their benefits or eligibility can appeal and exercise their right to a hearing in front of an ALJ.

## OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriations, 2025 .....	\$69,238,000
Committee recommendation .....	69,238,000

The Committee makes available \$69,238,000 in transfers available under section 241 of the PHS Act, to the Office of the National Coordinator for Health Information Technology [ONC]. ONC is responsible for coordinating Federal health information systems and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

*Health Information Exchanges [HIE].*—The Committee recognizes the importance of electronic health data as a critical piece to address the health needs and care delivery challenges of diverse communities. The Committee strongly encourages HHS to work with States to designate existing neutral, trusted, and nonprofit HIEs to be the State's health data utility [HDU]. HDU models are designed and implemented in alignment with States' policies and priorities to address the needs of a broader health and healthcare ecosystem. A HDU can be defined as one or more entities, guided by a diverse stakeholder governance structure, that combine, enhance, and exchange disparate electronic health data sets for treatment, care coordination, quality improvement, population health, public health emergencies, and other public and community health purposes. The Committee recognizes that each State designated HDU is essential in establishing a national framework that fulfills a current gap in healthcare by implementing a comprehensive digital health infrastructure as a public utility that will support data sharing between public and private health data stakeholders. The Committee directs HHS to leverage existing authorities, funds, and other resources to construct policy and regulations that strengthen existing HIE infrastructure to facilitate their transition into HDUs. If necessary, the Committee encourages the Secretary to issue policy guidelines, or best practices, to encourage each State to designate a HIE or HIEs to be a State's HDU.

*Information Blocking Guidance.*—The Committee recognizes that ONC’s rule to implement the interoperability and information blocking provisions of the 21st Century Cures Act (Public Law 114–255) took significant steps forward to give patients greater access to and improve the electronic flow of electronic health information across care settings. Given the significant penalties and other consequences for information blocking, the Committee urges ONC to continue providing regulated entities and other affected stakeholders clear, practical guidance regarding foundational concepts in the rule, including activities that are not regarded as information blocking.

*Standards for Interoperability.*—The Committee continues to include not less than \$5,000,000 to support interoperability and information sharing efforts related to the implementation of Fast Healthcare Interoperability Resources standards or associated implementation standards. ONC is responsible for coordinating Federal health information systems and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

*Trusted Exchange Framework and Common Agreement [TEFCA].*—The Committee notes that during fiscal year 2025, the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology [ASTP/ONC] expanded the implementation of the Trusted Exchange Framework and Common Agreement [TEFCA]. The Committee notes that the intention of this framework is to provide policies, procedures, and technical standards necessary to exchange patient records and health information between providers, state and regional health information exchanges, and Federal agencies. The Committee, however, recognizes concerns regarding unintended consequences, including the potential for consolidation. The Committee emphasizes that TEFCA needs to remain a voluntary means of data exchange as authorized under section 4003 of the 21st Century Cures Act (Public Law 114–255). The Committee requests a briefing by ASTP/ONC within 60 days of enactment of this act on its planned ongoing implementation of TEFCA.

#### OFFICE OF INSPECTOR GENERAL

Appropriations, 2025 .....	\$87,000,000
Committee recommendation .....	87,000,000

The Committee provides \$87,000,000 for the HHS Office of Inspector General [OIG].

OIG conducts audits, investigations, and evaluations of the programs administered by the Department’s operating and staff divisions, including the recipients of the Department’s grant and contract funds. In doing so, OIG addresses issues of waste, fraud, and abuse and makes recommendations to improve the efficiency and effectiveness of the Department’s programs and operations.

*Digital Health Innovation.*—The Committee notes that OIG addresses issues of waste, fraud, and abuse and makes recommendations to improve the efficiency and effectiveness of the Department’s programs and operations. The Committee also notes that existing regulations, such as the anti-kickback statute, have not been updated to account for new digital health tools and technologies.

Through the statutory authority found in section 1128B(b) of the Social Security Act (42 U.S.C. § 1320a–7b(b)), the Committee encourages the Inspector General to put forth recommendations, including safe harbor exemptions, that modernize and improve access to care using digital health technologies while protecting against waste, fraud, and abuse. The Committee requests a briefing by the Inspector General within 60 days of enactment of this act on recommendations to remove regulatory barriers that impede health innovation and access to care.

#### OFFICE FOR CIVIL RIGHTS

Appropriations, 202	\$39,798,000
Committee recommendation	39,798,000

The Committee provides \$39,798,000 for the Office for Civil Rights [OCR] in budget authority. OCR is responsible for enforcing civil rights-related statutes in healthcare and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compliance among providers and constituency groups of health and human services.

#### RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2025	\$894,795,000
Committee recommendation	947,182,000

The Committee provides an estimated \$947,182,000 in mandatory funds for Retirement Pay and Medical Benefits for Commissioned Officers of the U.S. Public Health Service. This account provides for retirement payments to PHS officers who are retired due to age, disability, or length of service; payments to survivors of deceased officers; and medical care to Active Duty and retired officers, as well as their dependents.

#### PREVENTION AND PUBLIC HEALTH FUND

In fiscal year 2026, the level transferred from the Prevention and Public Health Fund after accounting for sequestration is \$1,438,075,000. The Committee includes bill language in section 222 of this act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

Account	Program	Committee recommendation
Aging and Disability Services Programs .....	Alzheimer's Disease Program .....	\$14,700,000
Aging and Disability Services Programs .....	Chronic Disease Self-Management .....	8,000,000
Aging and Disability Services Programs .....	Elder Falls Prevention .....	5,000,000
Immunization and Respiratory Diseases .....	Section 317 Immunization Program .....	554,958,000
Emerging and Zoonotic Infectious Diseases .....	Epidemiology and Laboratory Capacity Grants .....	40,000,000
Emerging and Zoonotic Infectious Diseases .....	Healthcare Associated Infections .....	12,000,000
Chronic Disease Prevention and Health Promotion .....	Office of Smoking and Health .....	200,000,000
Chronic Disease Prevention and Health Promotion .....	Breast Feeding Grants (Hospitals Promoting Breastfeeding).	9,750,000



Account	Program	Committee recommendation
Chronic Disease Prevention and Health Promotion	Million Hearts Program .....	5,000,000
Chronic Disease Prevention and Health Promotion	Heart Disease and Stroke .....	54,255,000
Chronic Disease Prevention and Health Promotion	Diabetes .....	66,412,000
Chronic Disease Prevention and Health Promotion	National Early Child Care Collaboratives .....	5,000,000
Public Health and Scientific Services .....	Data Modernization Initiative .....	150,000,000
Environmental Health .....	Childhood Lead Poisoning .....	51,000,000
CDC-Wide Activities .....	Preventive Health and Health Services Block Grants.	160,000,000
CDC-Wide Activities .....	Public Health Data Modernization .....	90,000,000
Mental Health .....	Garrett Lee Smith-Youth Suicide Prevention .....	12,000,000

### GENERAL PROVISIONS

Section 201. The bill continues a provision placing a \$50,000 ceiling on official representation expenses.

Section 202. The bill continues a provision limiting the use of certain grant funds to pay individuals more than an annual rate of Executive Level II or capping NIH investigator salaries.

Section 203. The bill continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Committees on Appropriations of the House of Representatives and the Senate on the proposed use of funds.

Section 204. The bill continues a provision authorizing the transfer of up to 2.5 percent of PHS Act (Public Law 78–410) funds for evaluation activities.

Section 205. The bill continues a provision restricting transfers of appropriated funds and requires a 15-day notification to the Committees on Appropriations of the House of Representatives and the Senate.

Section 206. The bill continues a general provision allowing National Health Service Corps contracts to be canceled up to 60 days after award.

Section 207. The bill continues a provision regarding requirements for family planning applicants.

Section 208. The bill continues language which States that no provider of services under title X of the PHS Act (Public Law 78–410) may be exempt from State laws regarding child abuse.

Section 209. The bill continues language that restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity.

Section 210. The bill continues a provision prohibiting the use of funds for lobbying activities related to gun control.

Section 211. The bill continues a provision that limits the assignment of certain public health personnel.

Section 212. The bill continues a provision that facilitates the expenditure of funds for international health activities.

Section 213. The bill continues a provision permitting the transfer of up to 3 percent of AIDS funds among ICs by the Director of NIH and the Director of the Office of AIDS Research at NIH.

Section 214. The bill continues language that requires that the use of AIDS research funds be determined jointly by the Director

of NIH and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the ICs consistent with the AIDS research plan.

Section 215. The bill modifies a provision authorizing the Director of NIH to enter into certain transactions to carry out research in support of the NIH Common Fund.

Section 216. The bill continues a provision permitting NIH to use up to \$100,000,000 of IC funding for construction, improvements, and repairs of facilities.

Section 217. The bill continues a provision that transfers funds from NIH to HRSA and AHRQ, to be used for National Research Service Awards.

Section 218. The bill continues a provision that provides BARDA with authority to enter into a multiyear contract for up to 10 years and to repurpose unused termination costs to pay contract invoices.

Sections 219. The bill continues a provision requiring the CJ to include certain FTE information with respect to the ACA.

Section 220. The bill continues a provision related to ACA exchange funding transparency.

Section 221. The bill continues a provision prohibiting funds for the Risk Corridor program.

Section 222. The bill continues a provision requiring the Secretary to transfer Prevention and Public Health Fund resources within 45 days.

Section 223. The bill continues a provision related to breast cancer screening recommendations.

Section 224. The bill continues a provision on NIH indirect costs.

Section 225. The bill continues a provision requiring Congressional notification prior to NIH transfers of opioid funds internally.

Section 226. The bill continues a provision related to notifications for ACA enrollment and Community Health Centers awards.

Section 227. The bill continues a provision related to Medicare administrative funds.

Section 228. The bill continues a provision requiring staffing reports.

Section 229. The bill continues a provision on HHS staff travel for medical care.

Section 230. The bill continues a provision allowing private donations for the care of unaccompanied children.

Section 231. The bill continues a provision limiting the use of funds for unlicensed shelters for unaccompanied children.

Section 232. The bill continues a provision requiring Congressional notification prior to the use of influx facilities as shelters for unaccompanied children.

Section 233. The bill continues a provision regarding Member access to unaccompanied children facilities.

Section 234. The bill continues a provision requiring monthly reporting of unaccompanied children.

Section 235. The bill continues a provision for CDC employees dependents' schooling of CDC employees stationed in a U.S. territory.

Section 236. The bill continues a provision rescinding funding from the Nonrecurring Expenses Fund.

Section 237. The bill includes a new provision regarding investigations into harassment, bullying, retaliation or hostile working conditions at NIH-funded grantees.

Section 238. The bill includes a new provision regarding HHS staffing requirements and CDC reorganizations.

Section 239. The bill includes a new provision regarding NIH grants.

Section 240. The bill includes a new provision regarding critical access hospitals.

### TITLE III

#### DEPARTMENT OF EDUCATION

Any references in this title of the Committee Report to the “Secretary” or the “Department” shall be interpreted to mean the Secretary of Education or the Department of Education, respectively, unless otherwise noted.

#### EDUCATION FOR THE DISADVANTAGED

Appropriations, 2025 .....	\$19,107,790,000
Committee recommendation .....	19,157,790,000

The Committee provides \$19,157,790,000, for programs in the Education for the Disadvantaged account. Funds appropriated in this account primarily support activities in the 2026–2027 school year.

#### *Grants to Local Educational Agencies*

The Committee provides \$18,456,802,000, for the title I–A grants to local educational agencies [LEAs] program. Title I–A grants to LEAs provide supplemental education funding, especially in high-poverty areas, for LEAs to provide extra academic support to help raise the achievement of eligible students or, in the case of school-wide programs in which the vast majority of students participate in title I–A programs, help all students in high-poverty schools meet challenging State academic standards. Title I–A grants are distributed through four ESEA formulas in amounts provided by this act: basic, concentration, targeted, and the education finance incentive grant [EFIG].

Of the funds available for title I–A grants to LEAs, up to \$5,000,000 shall be available on October 1, 2025, for transfer to the Census Bureau for poverty updates; \$8,229,490,000 will become available on July 1, 2026; and \$10,841,177,000 will become available on October 1, 2026. The funds that become available on July 1, 2026, and October 1, 2026, will remain available for obligation through September 30, 2027.

*School Support and Improvement.*—The Committee appreciates steps the Department has taken to improve compliance with ESEA requirements for school support and improvement. These include the targeted monitoring of ESEA provisions, additional rounds of targeted monitoring on school improvement requirements, and issuance of comprehensive guidance on school support and improvement requirements. The Department must continue to increase its efforts to ensure compliance of these requirements at all levels, including through additional technical assistance, support, and monitoring. This should also include consideration of the least burdensome ways to monitor, support, and ensure compliance of SEA, LEA, and school support and improvement requirements.

The Committee also believes more transparency is needed around findings and implementation of corrective actions from comprehensive and targeted monitoring of ESEA school support and improvement requirements and the use of section 1003 school support and improvement funds. While the Department's website has information on its monitoring protocol and reports, it lacks transparency on all of its monitoring activity, including on implementation of corrective actions that bring SEAs and LEAs into compliance with the law's requirements. The Committee directs the Department to update its 2024 Report to Congress with implemented actions and continue to provide public reporting of the Department's findings and actions it is requiring or recommending SEAs to take in response to all monitoring and performance reviews of State implementation of title I-A of the ESEA. This must include findings from both comprehensive and targeted program monitoring, and the implementation of corrective actions and recommendations from such monitoring. Further, the Committee directs the Department to publish the results of targeted monitoring of State compliance with provisions under title I-A, including report cards, for individual States on its website within 30 days of providing such findings to SEAs. Finally, the Committee encourages the Department to act to improve the reporting of section 1003 funds, particularly the evidence-based interventions required to be implemented, the student populations supported, and the outcomes achieved. The Committee requests a briefing not later than 60 days after enactment on the Department's completed actions and plans to continue making progress toward improved SEA, LEA, and school implementation of related requirements and the additional high-quality educational opportunities being made available to students for whom such opportunities are not currently available.

*State Reservation for Administration of Title I.*—The Committee bill includes new language that increases the amount of title I-A funds States reserve for administration of parts A, C, and D of title I of the ESEA. The new language provides each State with administrative resources of the greater of \$500,000 or 1 percent of its allotment under such parts of title I and each outlying area with a reservation of \$60,000. In addition, the new language requires the 1 percent reservation calculation to be updated to reflect the fiscal year 2015 enacted appropriations for such programs.

#### *Comprehensive Literacy State Development Grants*

The Committee provides \$194,000,000 for the Comprehensive Literacy State Development Grants program. This program provides competitive grants to SEAs that then subgrant at least 95 percent of such funds to eligible entities to support efforts to improve the literacy skills of children and students from birth through 12th grade in high-need schools and early education programs in a State for each of several age bands through implementation of evidence-based practices and interventions.

*Evidence-Based Instruction for Students with Language-Based Learning Disabilities.*—The Committee is aware ESEA requires the Secretary to prioritize applications proposing evidence-based activities to develop or enhance comprehensive literacy instruction plans

that ensure high-quality instruction and effective strategies in reading and writing for children from early childhood education through grade 12. The Committee requests the Department to describe in the fiscal year 2027 CJ how grantees plan to use funds for activities designed to strengthen and enhance teacher training on the identification of language-based learning disabilities and evidence-based methods of literacy instruction for students with language-based learning disabilities.

#### *Innovative Approaches to Literacy*

The Committee provides \$30,000,000 for the Innovative Approaches to Literacy program. This program provides competitive grants to national not-for-profit organizations and school libraries for providing books and childhood literacy activities to children and families living in high-need communities.

The Committee continues to direct the Department to reserve no less than 50 percent of funds under this program for grants to develop and enhance effective school library programs, which may include providing professional development to school librarians, books, and up-to-date materials to high-need schools. School library programs increase access to a wide range of print and electronic resources and provide learning opportunities for all students, particularly those who are less likely to have access to such materials at home. The Committee also encourages the Department to use a portion of the funds under this program for grants to pediatric literacy programs that are provided during well-child visits by medical providers trained in research-based methods of early language and literacy.

In addition, the Committee directs the Department to ensure that grants are distributed among eligible entities that will serve geographically diverse areas, including communities that are rural, Tribal, or where English is not the primary language. The Committee also encourages the Department to include a priority for initiatives that support biliteracy and multilingual approaches or provide professional development in multilingual education for existing school staff and teachers.

#### *Migrant Education Program*

The Committee provides \$375,626,000 for the title I Migrant Education program. This funding supports grants to SEAs to ensure that migratory children receive full and appropriate opportunities to meet the same challenging State academic standards that all children are expected to meet and help such children overcome educational disruption and other factors that inhibit the ability of such children to succeed in school. Funding also supports activities to improve interstate and intrastate coordination of migrant education programs, as well as identify and improve services to the migrant student population.

#### *Neglected and Delinquent*

The Committee provides \$49,239,000 for the Neglected and Delinquent program. This program, authorized under subpart 1 of title I–D of the ESEA, provides financial assistance to SEAs for education services to neglected and delinquent children and youth

in State-run institutions and for juveniles in adult correctional institutions. States are authorized to set aside at least 15 percent, but not more than 30 percent, of their Neglected and Delinquent program funds to help students in State-operated institutions make the transition into locally operated programs and to support the successful reentry of youth offenders who are age 20 or younger and have received a secondary school diploma or its recognized equivalent. The Department is authorized to reserve up to 2.5 percent of the appropriation for national activities, including technical assistance. The Committee continues to urge the Department to increase its direct and technical assistance support to further assist grantees in their efforts to improve and report on program outcomes.

#### *Special Programs for Migrant Students*

The Committee provides \$52,123,000 for Special Programs for Migrant Students, which consist of the High School Equivalency Program [HEP] and the College Assistance Migrant Program [CAMP]. HEP projects are 5-year grants to institutions of higher education and other nonprofit organizations to recruit migrant students ages 16 and older and provide the academic and support services needed to help them obtain a high school equivalency credential and subsequently gain employment, attain admission to a postsecondary institution or a job training program, or join the military. CAMP projects are 5-year grants to institutions of higher education and nonprofit organizations to provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education in order to support postsecondary education program completion. The Committee urges the Department to accelerate the program development timeline so notices inviting applications can be issued early enough for the Department to make new and non-competing continuation awards before July 1.

#### IMPACT AID

Appropriations, 2025 .....	\$1,625,151,000
Committee recommendation .....	1,625,151,000

The Committee provides \$1,625,151,000, for the Impact Aid program. Impact Aid provides financial assistance to LEAs affected by the presence of Federal activities and federally owned land. These LEAs face unique challenges because they must educate children living on federally owned land, such as military bases, while federally owned property is also exempt from local taxes, a primary source of revenue for LEAs. LEAs also enroll students residing on private property whose parents may be exempt from paying sales and income taxes, reducing the revenue available to support these LEAs.

#### *Basic Support Payments*

The Committee provides \$1,474,000,000 for the Basic Support Payments program. Under this statutory formula, payments are made on behalf of all categories of federally-connected children to compensate school districts for lost tax revenue.

*Payments for Children With Disabilities*

The Committee bill provides \$48,316,000 for Payments for Children With Disabilities. Under this program, additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act [IDEA].

*Facilities Maintenance*

The Committee provides \$4,835,000 for Facilities Maintenance. This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department and used by LEAs to serve federally connected military dependent students. Funds appropriated for this purpose are available until expended.

*Construction*

The Committee provides \$19,000,000 for eligible LEAs for school construction activities allocated through the authority for competitive grants to LEAs under section 7007(b) of the ESEA. The bill also allows the funds to be available for obligation through September 30, 2027.

*Payments for Federal Property*

The Committee provides \$79,000,000 for Payments for Federal Property. These payments compensate LEAs specifically for revenue lost due to the removal of Federal property from local tax rolls, regardless of whether any federally connected children attend schools in the LEA.

## SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2025 .....	\$5,776,178,000
Committee recommendation .....	5,781,178,000

The Committee provides \$5,781,178,000 for the School Improvement Programs account.

*Supporting Effective Instruction State Grants*

The Committee provides \$2,190,080,000 for Supporting Effective Instruction State Grants. States and LEAs may use funds for a range of activities related to the certification, recruitment, professional development, and support of teachers and administrators. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, improving equitable access to effective teachers, and implementing teacher mentoring systems, evaluation and support systems, merit pay, and merit-based performance systems. These funds may also be used by LEAs to hire teachers to reduce class sizes.

The appropriation for this program primarily supports activities associated with the 2026–2027 academic year. Of the funds provided, \$508,639,000 will become available on July 1, 2026, and \$1,681,441,000 will become available on October 1, 2026. These funds will remain available for obligation through September 30, 2027.



*Nita M. Lowey 21st Century Community Learning Centers*

The Committee provides an appropriation of \$1,329,673,000 for the Nita M. Lowey 21st Century Community Learning Centers program. Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to LEAs, community-based organizations, and other public and private entities. Grantees use these resources to establish or expand community learning centers that provide activities offering significant extended learning opportunities, such as before and after-school programs, recreational activities, drug and violence prevention, and family literacy programs for students and related services to their families. Centers must target their services to students who attend schools that are eligible to operate a school-wide program under title I of the ESEA or serve high percentages of students from low-income families.

The Committee is aware of concerns with the lack of efficiency and the delivery process within the 21st Century Community Learning Center program, and urges the Department to examine the distribution of funds through State departments of education to ensure that their competitive grant and reporting process is streamlined, adheres to congressional intent, is void of additional regulations, and does not disadvantage rural schools, including but not limited to, creating barriers to partnership with non-profit organizations. Furthermore, the Department is directed to report to the Committee within 180 days of enactment of this act on its progress and findings and any additional measures taken to address the program's overall standards.

*State Assessments Grants*

The Committee provides \$380,000,000 for the State Assessments Grants program. This program provides formula grants to States for the development and implementation of standards and assessments required by the ESEA, including improving such assessments through the adoption of through-course assessments and other innovative assessments that meet ESEA's requirements. This program may assist States and LEAs in carrying out audits of their assessment systems to eliminate low-quality or duplicative assessments. It also provides competitive grants to States, including consortia of States, to improve the quality, validity, and reliability of academic assessments. These competitive grants may also be used to support State planning leading to an Innovative Assessment Demonstration Authority [IADA] application. The appropriation includes more than the statutorily required amount for formula grants that would be available for competitive grants for state assessments [CGSA].

*Report on Improvements in Assessments.*—The Committee recognizes that assessments serve different purposes, ranging from formative purposes to inform classroom instruction to summative purposes to inform school accountability and improvement. CGSA was authorized to support grantees seeking to improve both formative and summative assessments, depending on needs within their States. The Committee directs the Department, through IES, to report on innovative work it has or is supporting on assessments, including through awards made through fiscal year 2025 under the

CGSA program. The report shall include an analysis of the assessment work undertaken by recent CGSA grantees, any best practices that have emerged from CGSA grantees and how the Department has shared and will continue to share those and other best practices with other States in order to help all States improve their assessments, how CGSA grantees have used funds to support IADA work, how CGSA grantees have improved assessments for English learners and students with disabilities, how CGSA grantees are supporting through-course assessments to provide more real time data to educators and parents, and how CGSA grantees are developing more culturally aware and responsive assessments. Such report shall also describe how the Department is supporting, monitoring, and evaluating the CGSA program and its grantees and include recommendations for how ongoing innovative assessment work can better support learning in classrooms, while maintaining the importance of annual, statewide, summative assessment data that produces disaggregated results for students and their families. The Committee requests an initial update on this work not later than 180 days after enactment of this act.

#### *Education for Homeless Children and Youth*

The Committee recommends \$129,000,000 for carrying out education activities authorized by title VII, subtitle B of the McKinney-Vento Homeless Assistance Act. This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth to develop and implement State plans for educating children and youth experiencing homelessness, and to make subgrants to LEAs to support the education of those children and youth. Grants are made to States based on the total that each State receives in title I-A grants to LEAs. States must subgrant not less than 75 percent of funds received to LEAs and may reserve remaining funds for State level activities. Under the McKinney-Vento Homeless Children and Youth Program, SEAs must ensure that children and youth experiencing homelessness have equal access to the same free public education, including a public preschool education, as is provided to other children and youth.

The Committee bill continues to include language providing an additional 12 months for educational agencies and institutions to obligate and expend EHCY funds.

The Committee directs the Department to issue guidance clarifying that funds provided under title VII, subtitle B of the McKinney-Vento Homeless Assistance Act may be used for the provision of extraordinary or emergency assistance needed to enable homeless children and youths to attend school and participate fully in school activities as allowed under law. This shall include paying for short-term, temporary emergency housing (such as a hotel or motel room) on a case-by-case basis if reasonable and necessary to facilitate school attendance, and as a last resort when other funding sources are not readily available.

#### *Training and Advisory Services*

For Training and Advisory Services authorized by title IV of the Civil Rights Act (Public Law 88-352), the Committee provides

\$6,575,000. The funds provided will support awards to operate regional equity assistance centers [EACs]. EACs provide services to LEAs, SEAs, and other customers upon request. Activities include disseminating information on successful practices and legal requirements related to nondiscrimination in educational programs on the basis of race, sex, religion, or national origin and evidence-based activities to improve access to high-quality educational settings for all students, particularly students facing the greatest barriers.

#### *Native Hawaiian Education*

The Committee provides \$45,897,000 for the Education for Native Hawaiian program. In addition, the Committee bill continues a provision that clarifies the use of funds for administrative costs.

The Committee bill provides \$650,000 for the Native Hawaiian Education Council, which is an increase of \$150,000 for the Council to fulfill the statutory requirement for data collection.

The Committee bill continues the set-aside of funds made available for the Education for Native Hawaiians program for grants for construction, renovation, and modernization of any public elementary school, secondary school, or structure related to a public elementary school or secondary school, that serves a predominantly Native Hawaiian student body. The Committee intends should funds be available for new awards that they shall be made competitively available to organizations in need of assistance with infrastructure improvement for increased capacity to serve a predominantly Native Hawaiian student body.

#### *Alaska Native Education*

The Committee provides \$44,953,000 for the Alaska Native Education. These funds help address the unique educational needs of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives.

*Outreach and Program Responsiveness.*—The Committee directs the Department to make every effort to ensure that grants are awarded well in advance of the school year, to maximize grantees' ability to hire the necessary staff and have their programs ready to go with the start of Alaska's school year in mid-August. The Committee continues to direct the Department to ensure that Alaska Native Tribes, Alaska Native regional non-profits, and Alaska Native corporations, particularly those that have received no or few grants under this program, have the maximum opportunity to successfully compete for grants under this program by providing these entities multiple opportunities for technical assistance in developing successful applications for these funds, both in Alaska and via various forms of telecommunications. The Committee also strongly encourages the Department to include as many peer reviewers as possible who are Alaska Natives or who have experience with Alaska Native education and Alaska generally on each peer review panel.

*Use of Funds.*—The Committee continues bill language that allows funding provided by this program to be used for construction and overrides the authorizing statute's requirement to make non-competitive awards to certain organizations.

### *Rural Education*

The Committee provides \$225,000,000 for rural education programs. The Committee directs rural education funding to be equally divided between the Small, Rural School Achievement Program, which provides funds to LEAs that serve a small number of students, and the Rural and Low-Income School Program, which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

The Rural Education Achievement Program [REAP] is the only dedicated Federal funding stream for supporting rural schools. In 2020, the Department announced that some LEAs were using alternative poverty data to demonstrate eligibility for the Rural and Low-Income School Program in place of the U.S. Census Bureau's Small Area Income and Poverty Estimates, as required by section 5221(b)(1)(A)(i) of the ESEA. The Department had routinely accepted these data since the program was created in 2002. In fiscal years 2021, 2022, and 2023, those LEAs that would have been eliminated abruptly from eligibility were held harmless at a declining rate that would have continued to fall through fiscal year 2027. In fiscal year 2024, bill language was included to hold the affected LEAs harmless at the fiscal year 2023 level. The Committee has also increased funding for REAP in the fiscal year 2021 through 2024 bills and includes an increase of \$5,000,000 for this fiscal year. The Committee understands that changes to eligibility for funding received under this program create very significant challenges for several LEAs and States, at no fault of their own, and therefore continues to include bill language that will hold the affected LEAs harmless at the fiscal year 2023 level during this fiscal year.

### *Comprehensive Centers*

The Committee provides \$50,000,000 for the Comprehensive Centers program. These funds provide support to a network of comprehensive centers that are operated by research organizations, agencies, institutions of higher education, or partnerships thereof. Centers provide training and technical assistance identified in annual State service plans to build the capacity of SEAs and the Bureau of Indian Education [BIE], and through them LEAs, and schools, to provide a high quality education to all students.

Section 202 of the Educational Technical Assistance Act of 2002 requires centers to report on their activities and the SEAs and LEAs assisted during the preceding year. The Committee requests the Secretary post these reports not later than 180 days after enactment of this act.

The Committee is supportive of the work of the centers in supporting SEAs, LEAs, Tribal Education Agencies, and schools in selecting, implementing, and sustaining evidence-based programs, policies, practices, and interventions to improve academic achievement and addressing corrective actions or results from audit findings and ESEA program monitoring. Further, centers play an important role in supporting State and local efforts to close opportunity gaps and improve educational outcomes, particularly for students attending schools implementing comprehensive support and improvement or targeted or additional targeted support and im-

provement activities. The Committee directs the Department to brief the Committee not later than 60 days after enactment on how center annual service plans and center services are addressing school support and improvement activities of SEAs and LEAs.

*Student Support and Academic Enrichment Grants*

The Committee provides \$1,380,000,000 for Student Support and Academic Enrichment [SSAE] Grants. This program provides formula grants to States based on each State's share of title I-A grants, which then sub-grant to LEAs, to help improve academic achievement by supporting activities that provide students with a well-rounded education, ensure safe and supportive learning environments, and use technology to improve instruction.

*Technical Assistance and Capacity Building.*—The Committee notes the limited information provided in the fiscal year 2026 CJ on expenditures for the 2 percent set-aside for technical assistance and capacity building from prior year appropriations. The reservation for technical assistance and capacity building shall be used to support SEAs and LEAs in carrying out authorized activities under this program identified by SEAs and LEAs. In future CJs, the Department shall continue to provide current and planned expenditures for this reservation and include a plan for how resources will be spent to provide technical assistance and to build the capacity of SEAs and LEAs.

*Report on Use of Funds.*—The Committee directs the Department to obtain and examine data on State and local expenditures, outlined by specific authorized activities, and provide information about how LEAs plan to evaluate the effectiveness of their activities. The Committee directs the Department, within 180 days after the enactment of this act, to provide a briefing to the Committee on implementation of this directive.

INDIAN EDUCATION

Appropriations, 2025 .....	\$194,746,000
Committee recommendation .....	194,746,000

The Committee provides \$194,746,000 for Indian Education programs.

*Grants to Local Educational Agencies*

For grants to LEAs, the Committee provides \$110,381,000. These funds provide financial support to elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to LEAs, schools supported and operated by the Department of the Interior/Bureau of Indian Education, and in some cases directly to Indian Tribes.

*Special Programs for Indian Children*

The Committee provides \$72,000,000 for Special Programs for Indian Children. Funds are used for demonstration grants to improve Indian student achievement from early childhood education through college preparation programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

The Department is directed to use no less than \$5,000,000 of funds available to continue the teacher retention-initiative intended to help address the shortage of Indian, Alaska Native, and Native Hawaiian educators and to expand their impact on students' education. The initiative must support teacher leadership models as a method to increase the retention of effective, experienced Indian, Alaska Native, and Native Hawaiian teachers. Outcomes and models of culturally-responsive teacher leaders participating in this program must have their growth and effectiveness measured and these findings shall support the development of evidence-, research- and culturally responsive teacher leadership models. The Department is directed to publish such findings within a year of enactment of this act.

#### *National Activities*

The Committee provides \$12,365,000 for National Activities. Funds are used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs, and to continue grants to Tribal educational departments for education administration and planning. The bill includes language allowing more than 20 percent of these funds to be used for grants for Native American Language Immersion. The Committee bill also continues language from the current appropriations act, which allows the Secretary to make such awards for a period not to exceed 5 years.

*Native American Language Immersion Programs.*—The Committee provides not less than \$4,500,000 for Native American Language Immersion programs. This amount will support new and continuation awards in fiscal year 2026. Funds for the Native American Language Immersion program shall continue to be allocated to all types of eligible entities, including both new and existing language immersion programs and schools, to support the greatest possible geographical distribution and language diversity. Further, the Department shall continue to give the same consideration to applicants that propose to provide partial immersion schools and programs as to full immersion, as the local Tribes, schools, and other applicants know best what type of program will most effectively assist their youth to succeed.

*Native American Language Resource Centers.*—The Committee recognizes the importance of the Native American Languages Resource Centers, and that such centers are integral to supporting the revitalization of such Native American languages, including by encouraging and supporting the use of Native American languages as a medium of instruction. In addition, the Committee recognizes the need to encourage and support early childhood education programs, elementary schools, secondary schools, and institutions of higher education to include Native American languages in the curriculum as the primary mode of instruction, and in the same manner as other world languages, including through cooperative agreements and distance education, and to grant proficiency in Native American languages the same full academic credit as proficiency in other world languages. The Committee recommendation includes \$2,390,000 to continue to carry out the policy set forth in Public

Law 117–335 and direction provided in prior fiscal years to establish Native American Language Resource Centers.

#### INNOVATION AND IMPROVEMENT

Appropriations, 2025 .....	\$1,115,000,000
Committee recommendation .....	1,183,647,000

The Committee provides \$1,183,647,000 for programs within the Innovation and Improvement account.

##### *Education Innovation and Research*

The Committee provides \$235,000,000 for the Education Innovation and Research [EIR] program. This program supports the creation, development, implementation, replication, and scaling up of evidence-based, field-initiated State and local innovations designed to improve student achievement and attainment for high-need students. EIR incorporates a tiered evidence framework that provides early-phase, mid-phase, and expansion and replication grants. This supports interventions throughout the pipeline, from smaller grants for early stage projects that are willing to undergo rigorous evaluation to test their efficacy to larger grants to scale-up proven-effective interventions that have demonstrated significant impacts through at least one rigorous evaluation.

*Briefing Requirement.*—The Committee directs the Department brief the Committees on the fiscal year 2026 funding opportunities available under this program, including any proposed priorities, not less than 14 days prior to publication in the Federal Register.

*Grant Priorities.*—The Committee notes there is significant demand from the field to test many types of strategies and to examine promising techniques that can be scaled-up in different settings. For example, the EIR program can be a highly effective tool for developing innovative solutions to critical problems, such as worsening teacher shortages, widening achievement gaps, and disparate access to advanced courses for promising students. The program could also support scalable STEM initiatives that serve rural and economically transitioning communities, including those programs that integrate agricultural technology, data science, and project-based learning to strengthen workforce readiness and teacher capacity. The Committee also supports EIR funds being used for grants for evidence-based projects that foster knowledge and promote the development of foundational skills that support schools and parents to prepare students to be informed, thoughtful and productive individuals ready to succeed in school and life. The Committee directs funds to continue to support diverse and field-initiated interventions such as the ones noted above, rather than a single nationwide program or award focused solely on one area of educational innovation.

*School Support and Improvement.*—The Committee recognizes that funds under section 1003(a) of the ESEA are meant to support schools that are currently identified for support, consistent with the statutory requirements for identifying schools for CSI, ATSI, and TSI, but continuing to build the evidence base for school improvement efforts in schools that have exited status and are no longer identified is also important. The Committee encourages the

Department to prioritize grants to LEAs meeting EIR requirements that would support capacity-building and school improvement activities for schools that have exited improvement status.

*Rural Set-Aside.*—The Committee supports the required 25 percent set-aside within EIR for rural areas and encourages the Department to take steps necessary to ensure the set-aside is met and that EIR funds are awarded to diverse geographic areas. The Committee encourages the Department to invest in rural, high-need communities by ensuring grants are awarded to a diverse set of institutions, affecting varied geographic locations, including areas with substantial minority students, which have submitted high quality applications meeting EIR program requirements.

#### *Charter School Program*

The Committee provides \$440,000,000 for the Charter School Program [CSP]. This program supports the start-up, replication, and expansion of high-quality public charter schools prepared to effectively serve all students. The Committee also include a new general provision allowing the Department to transfer up to \$60,000,000 from the nonrecurring expenses fund to the CSP for additional CSP activities as allowed under this act.

*Program Activities.*—The Committee continues bill language providing increased flexibility within the program to effectively respond to the changing needs of the sector and increase the likelihood that Federal funds will be invested in high-quality charter schools prepared to serve all students effectively. Both the authorizing statute and prior year appropriations bills dictated the use of the appropriation in ways that prevented the Department from allocating funds based on the number of high quality applications in grant competitions and emerging needs of the field. To facilitate this, the Committee directs the Department to run competitions for charter school programs on similar cycles. The language will continue to allow the Department to allocate not more than \$140,000,000 for replication and expansion of high-quality charter schools through the Charter Management Organization [CMO] program established in ESEA.

The bill also allocates not less than \$60,000,000 for Facilities Grants under section 4304, including the Credit Enhancement program. The Committee is supportive of construction and renovation of charter school facilities, including storm shelters, safe rooms, and other infrastructure improvements such as fortified roof and wall construction to improve windstorm, tornado, and hurricane resilience. The bill also provides not more than \$16,000,000 for national activities to provide technical assistance, disseminate best practices, and evaluate the impact of the charter school program. Finally, funds are available for use under 4305(a)(2) for Developer grants and under section 4303 for State Entity grants. The Committee directs the Department to provide a briefing on its planned use of flexibility provided not later than 14 days prior to the announcement of any notice of proposed priorities, notice inviting applications for CSP activities, and announcement of grant awards.

*No-Cost Extensions.*—The Committee is aware that recipients of grants under the CSP are sometimes unable to complete their projects within the original project period, often for reasons beyond



their control (such as lower than anticipated subrecipient applications received, trouble obtaining charter school authorization, and delays in Department approval of charter school authorizers, uses of funds, or the allocation of subgrant funds). The Committee strongly urges the Department to act favorably on requests for longer extensions in these situations, including for States receiving a new award in fiscal year 2025, particularly when an extension would enable the completion of subgrants made late in the grant period or when it is clear that the delays in carrying out project activities were largely unavoidable by the grantees and, thus, that requests likely meet the requirements of section 75.261 of the EDGAR regulations. The Committee directs the Department to brief the Committee on the Department's response to this concern within 90 days of publication of this report and to provide an update in the fiscal year 2027 CJ on the Department's implementation of any changes in practice related to this issue.

*Pre-application Support.*—The Committee is aware that there is currently no source of consistent public funding to support the application phase of developing a new public charter school. Yet research shows that this kind of pre-application support results in stronger charter school applications, higher authorization rates, and more effective school openings. The Committee urges the Department to support activities such as pre-application webinars and best practice resources to enable potential applicants to develop proposals meeting all ESEA requirements, including in creating new public charter schools prepared to expand opportunities for children with disabilities, English learners, and other traditionally underserved students to attend charter schools and meet challenging State academic standards.

*State Entity Subgrantees.*—Under the CSP, State Entities receive competitive grants that are subsequently distributed as subgrants to support the opening of new charter schools, the replication of high-quality charter schools, and the expansion of high-quality charter schools. As required by ESEA, when eligible State Entities apply for these grants, they include in their applications the projected number of subgrants that they expect to make in each of those three categories. After completing their subgrant competitions, however, State Entities will typically find that they must deviate from their initial projections in order to support the highest-quality applicants, regardless of category. The Committee notes State Entities received awards based on the quality of their applications, including projections of schools to be opened. However, if the State Entity attempts to but is unable to implement the approved plan, the timely approval of amendments to subgrant projections could facilitate the most effective use of these resources in creating high-quality public educational options for students. The Committee directs the Secretary to allow State Entities to diverge from their original projections after conducting competitions that do not meet subgrant projections in their approved application, in order to fund the highest-quality subgrant applicants that meet all Federal requirements. The Committee further directs the Department to report on the implementation of this directive in next year's CJ.

*Technical Assistance.*—The Department is directed to continue to support and evaluate flexibility in the availability and effective use of CSP State Entity technical assistance resources; evaluate how such funds are used to ensure subgrantees are equipped to meet the needs of all students, and specifically students with disabilities and English learners as required by law; and, brief the Committees not later than 90 days after enactment of this act on its actions and continued plans to effectively oversee the CSP program.

*Uses of Funds.*—The Committee notes that grant recipients under the Charter Schools Grants to State Entities program often encounter delays in their implementation of their grants because of uncertainty over whether certain uses of funds are allowable under the ESEA and while the Department goes through the process of reviewing individual costs for compliance monitoring. For example, while section 4303(h) allows funding of “appropriate, non-sustained costs when such costs cannot be met from other sources”, it is often unclear whether specific costs should be considered sustained or non-sustained, with the confusion sometimes emanating from unclear language in the State statutes that provide funding for charter schools. In other situations, a funding category such as “educator compensation” could encompass activities that are either sustained or non-sustained, depending on the manner in which those activities are carried out.

The Committee therefore strongly urges the Department to resolve these spending issues in a timely manner and in a manner that provides grantees with maximum flexibility consistent with the statute. The Department shall allow State Entities to support all activities listed under section 4303(h), including transportation, renovation, and staff expenses, so long as they contribute to the objective of developing, implementing, expanding, and replicating high-quality charter schools. The Committee directs the Department to brief the Committee on the Department’s response to this concern within 90 days of publication of this report and to provide an update in the fiscal year 2027 CJ on the Department’s implementation of any changes in practice related to this issue.

#### *Magnet Schools Assistance*

The Committee provides \$139,000,000 for the Magnet Schools Assistance program. This program supports grants to LEAs to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials; salaries of instructional staff; transportation, as long as such expenses are sustainable beyond the grant period and not a significant portion of the grant; and the purchase of technology, educational materials, and equipment.

#### *Teacher and School Leader Incentive Grants*

The Committee provides \$60,000,000 for Teacher and School Leader Incentive Grants. This program provides competitive grants to eligible entities to develop, implement, improve, or expand human capital management systems or performance-based com-

pensation systems in schools. Funds can be used for a wide-range of activities, including developing or improving evaluation and support systems that are based in part on student achievement; providing principals with necessary tools to make school-level decisions; implementing a differentiated salary structure based on a variety of factors; improving the recruitment and retention of effective teachers, principals, and other school leaders; and instituting career advancement opportunities that reward effective teachers, principals and other school leaders.

#### *Ready-To-Learn Television*

The Committee provides \$28,500,000 for the Ready-to-Learn Television program. This program is designed to facilitate student academic achievement by leveraging the power and reach of public television to develop and distribute educational video programming, and digital content, for preschool and elementary school children and their parents, caregivers, and teachers.

#### *Arts in Education*

The Committee provides \$31,500,000 for the Arts in Education program. The funding is used for a program of competitive awards for assistance for arts education, including professional development for arts educators, teachers and principals; developing and disseminating accessible instructional materials and arts-based educational programming; and for national and community outreach activities that strengthen relationships among LEAs, schools, communities and arts organizations. Funds also are used for evaluation and dissemination activities.

*National Program.*—The Committee recommendation includes no less than \$8,000,000 for a national program grant competition. The Committee includes bill language intended to ensure the Department does not administer the Arts in Education program activities in a consolidated grant competition as it did in fiscal year 2021. The language further requires the Department to use not less than \$8,000,000 for an Arts in Education National Program competition following priorities and program requirements of the fiscal year 2022 competition.

#### *Javits Gifted and Talented Students*

The Committee provides \$16,500,000 for the Javits Gifted and Talented Students Education program. Funds are used for awards to State and local educational agencies, institutions of higher education, and other public and private agencies for research, demonstration, and technical assistance activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students. Under ESEA, the Department gives priority to making awards for projects that include evidence-based activities or that develop new information to improve the capacity of schools to operate gifted and talented education programs or to assist schools in identifying and serving traditionally underserved students

*Supporting Effective Educator Development*

The Committee provides \$90,000,000 for the Supporting Effective Educator Development [SEED] program. SEED provides competitive grants to improve teacher and principal effectiveness by supporting pathways that help teachers, principals, or other school leaders with non-traditional preparation and certification obtain employment in underserved LEAs; providing evidence-based professional development; and making services and learning opportunities freely available to LEAs.

*Effective School Leaders.*—The Committee recognizes the significant impact of effective school principals and other school leaders on student achievement and other student outcomes, and believes the SEED program provides important support for helping ensure that more highly trained school leaders are available for service in schools that have concentrations of students from low-income families. Therefore, the Committee directs the Secretary to continue to use a portion of funds made available for SEED for new awards supporting the preparation of principals and other school leaders.

*American History and Civics Education*

The Committee provides \$23,000,000 for American History and Civics Education, including \$3,000,000 for Presidential and Congressional Academies for American History and Civics and \$20,000,000 for American History and Civics Education National Activities.

Presidential Academies for the Teaching of American History and Civics offer residential workshops to elementary and secondary school teachers to strengthen their knowledge through instruction and interaction with primary scholars and accomplished teachers in these fields. The Congressional Academies for Students of American History and Civics provide similar workshops to students to enrich their understanding of American history and civics.

*Statewide Family Engagement Centers*

The Committee provides \$20,000,000 for Statewide Family Engagement Centers. This program provides competitive grants to statewide organizations to promote and implement evidence-based family engagement activities in education programs, and provide training and technical assistance to SEAs, LEAs, schools, and other organizations for carrying out such activities.

*Congressionally Directed Spending*

The Committee provides \$100,147,000 for the projects, and in the amounts, specified in the table at the end of this Committee Report.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2025 .....	\$457,000,000
Committee recommendation .....	416,000,000

The Committee provides a total of \$416,000,000 for activities to promote safe schools, healthy students, and citizenship education.

### *Promise Neighborhoods*

The Committee provides \$91,000,000 for the Promise Neighborhoods program. This program awards competitive grants to not-for-profit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational and life outcomes for children and youth, from birth through college. Each Promise Neighborhood grantee serves a high-poverty urban neighborhood or rural community. Grants are for up to 5 years, with the final 2 years of funding contingent on grantee performance against program- and project-level performance objectives. Further, grants may be extended an additional 2 years beyond the 5-year project period contingent on grantee performance. The bill continues to provide extended availability of these funds, to allow the Department more flexibility for the timing of new awards and maximize the time for grantee planning activities.

*Promise Neighborhoods Extensions.*—The Committee directs the Department to use any available fiscal year 2026 funds, not being used for continuation awards, only for 2-year extension grants to high quality Promise Neighborhood grantees that have demonstrated improvements in program performance indicators or for new 5-year implementation awards. If the Department runs a grant competition for new 5-year awards, it is directed to allow previously awarded grantees with programs that may have recently expired to compete for additional funding for the same neighborhood, provided they have at least 5 years of successfully submitting GPRA data, demonstrated improvements in Promise Neighborhoods indicators, and justify the need for additional funding for their continued implementation of high quality plans and evidence-based activities.

### *School Safety National Activities*

The Committee provides \$190,000,000 for School Safety National Activities, including up to \$5,000,000 as necessary for Project SERV, which provides assistance to schools and institutions of higher education to respond and recover in the aftermath of violent or traumatic events disrupting the learning environment. School Safety National Activities funding also supports several grant and technical assistance activities intended to improve the safety, health, and well-being of all students. The Committee requests a briefing not later than 14 days prior to the issuance of any notice inviting applications or notice of proposed priorities.

*Mental Health Service Professional Development Grant Program and School-Based Mental Health Services Grant Program.*—With the goal of addressing the shortage of school-based mental health professionals in our Nation's elementary and secondary schools by expanding the pipeline of these professionals and improving districts' ability to recruit and retain these professionals, the Committee directs the Secretary to allocate all funds not required for continuation awards or Project SERV awards to be equally split between the Mental Health Services Professional Demonstration Grant Program and the School-Based Mental Health Services Grant to increase the number of well-trained school counselors, school social workers, and school psychologists, or other mental

health professionals qualified to provide school-based mental health services. The Committee recognizes the significant impact of substance use disorders and adverse childhood experiences on the mental health and academic success of students. Therefore, the Committee encourages the Department to continue to prioritize grants to eligible entities with demonstrated need, which should include States with a high prevalence of adverse childhood experiences and youth with substance use disorders.

#### *Full Service Community Schools*

The Committee provides \$135,000,000 for Full-Service Community Schools. This program provides support for the planning, implementation, and operation of full-service community schools that improve the integration, accessibility, and effectiveness of services for children and families, particularly for children attending high-poverty schools, including high-poverty rural schools.

### ENGLISH LANGUAGE ACQUISITION

Appropriations, 2025 .....	\$890,000,000
Committee recommendation .....	890,000,000

The Committee provides an appropriation of \$890,000,000 for the English Language Acquisition [ELA] program.

The Department makes formula grants to States based on each State's share of the Nation's limited-English-proficient and recent immigrant student population. The program is designed to increase the capacity of States and school districts to address the needs of these students. The authorizing statute requires that 6.5 percent of the appropriation be used to support national activities, which include professional development activities designed to increase the number of highly qualified teachers serving limited-English-proficient students; and a National Clearinghouse for English Language Acquisition and Language Instructional Programs. National activities funds are available for 2 years.

*Briefing.*—The Committee recognizes that every State has English language learners who rely on targeted instruction and dedicated programmatic support to access the curriculum and meet academic standards. The Committee notes the role that the former Office of English Language Acquisition played in managing the Native American and Alaska Native Children in Schools grants, National Professional Development grants, and the National Clearinghouse for English Language Acquisition program as well as providing technical assistance to States and enforcing title III requirements of the ESEA. The Committee intends for these activities to continue as the Department carries out its statutory responsibilities under ESEA with respect to English learner students and requests a briefing not later than 90 days after enactment on the Department's implemented actions and plans to improve outcomes for English learners, which shall also include information on staffing levels and fulfillment of statutory requirements.

### SPECIAL EDUCATION

Appropriations, 2025 .....	\$15,467,264,000
Committee recommendation .....	15,517,264,000

The Committee provides an appropriation of \$15,517,264,000 for special education programs. The Committee notes the important role that the Office of Special Education Programs [OSEP] plays in ensuring States' compliance with IDEA and requests an update in the fiscal year 2027 congressional justification on OSEP's IDEA monitoring and technical assistance support efforts maintained by funding provided in this act.

#### *Grants to States*

The Committee provides \$14,263,704,000 for IDEA part B Grants to States. This program provides formula grants to assist States, outlying areas, and other entities in meeting the costs of providing special education and related services for children with disabilities. States pass along most of these funds to LEAs, but may reserve some for program monitoring, enforcement, technical assistance, and other activities. The appropriation for this program primarily supports activities associated with the 2026–2027 academic year. Of the funds available for this program, \$4,980,321,000 will become available on July 1, 2026, and \$9,283,383,000 will become available on October 1, 2026. These funds will remain available for obligation through September 30, 2027.

#### *Preschool Grants*

The Committee provides \$420,000,000 for Preschool Grants. This program provides formula grants to States to assist them in making available special education and related services for children with disabilities aged 3 through 5. States distribute the bulk of the funds to LEAs. States must serve all eligible children with disabilities aged 3 through 5 and have an approved application under the IDEA.

#### *Grants for Infants and Families*

The Committee provides \$540,000,000 for the Grants for Infants and Families program under part C of the IDEA. Part C of IDEA authorizes formula grants to States, outlying areas, and other entities to implement State-wide systems for providing early intervention services to all children with disabilities, ages 2 and younger, and their families. IDEA also gives States the option of extending eligibility for part C services to children 3 and older if they were previously served under part C and will continue to be served until entrance to kindergarten.

#### *State Personnel Development*

The Committee provides \$38,630,000 for the State Personnel Development program. Ninety percent of funds must be used for professional development activities. The program supports grants to SEAs to help them reform and improve their personnel preparation and professional development related to early intervention, educational, and transition services that improve outcomes for students with disabilities.

#### *Technical Assistance and Dissemination*

The Committee provides \$39,345,000 for Technical Assistance and Dissemination. This program supports awards for technical as-

sistance, model demonstration projects, the dissemination of useful information, and other activities. Funding supports activities that are designed to improve the services provided under the IDEA.

*National Transition Technical Assistance Center for Students and Youth with Disabilities.*—The Committee notes the National Transition Technical Assistance Center for Students and Youth with Disabilities has supported state special education and vocational rehabilitation personnel in improving practices that promote better outcomes, specifically leading to competitive integrated employment for students and youth with disabilities, by providing information, tools, and assistance in the use of evidence-based practices. The Committee notes the IDEA requires the Secretary to make competitive grants to, or enter contracts or cooperative agreements with eligible entities to disseminate information about innovative, effective, and efficient curricula designs, instructional approaches, and strategies, and identify positive academic and social learning opportunities, that provide effective transitions between educational settings or from school to post-school settings, and the Rehabilitation Act of 1973 allows the Secretary to provide grants to, or enter into contracts with, eligible entities to improve transition from education, including postsecondary education to employment, particularly in competitive integrated employment, for youth who are individuals with significant disabilities. The Committee requests the Department provide an update on the required work, outcomes, and multi-year goals and objectives of the center in the fiscal year 2027 CJ.

#### *Personnel Preparation*

The Committee provides \$115,000,000 for the Personnel Preparation program. Funds support competitive awards to help address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related services personnel. The program is required to fund several other broad areas, including training leadership personnel and personnel who work with children with low-incidence disabilities, and providing enhanced support for beginning special educators.

#### *Parent Information Centers*

The Committee provides \$33,152,000 for Parent Information Centers. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

#### *Technology and Media Services*

The Committee provides \$31,433,000 for Technology and Media Services. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of value to children with disabilities.



*Special Olympics Education Programs*

The Committee provides \$36,000,000 to support activities authorized by the Special Olympics Sport and Empowerment Act. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

## REHABILITATION SERVICES

Appropriations, 2025 .....	\$4,533,156,000
Committee recommendation .....	4,647,295,000

*Vocational Rehabilitation State Grants*

The Committee provides \$4,504,096,000 in mandatory funding for Vocational Rehabilitation [VR] State Grants. State Grants assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment. The Committee provides an increase in VR State Grants according to the CPI-U, consistent with the authorizing statute.

*Disability Innovation Fund [DIF].*—The Committee directs the Department to use a portion of DIF funds for competitive grants, to be awarded in coordination with the Office of Disability Employment Policy, to eligible entities in partnership with State VR agencies for innovative strategies that significantly increase competitive integrated employment of youth and adults with disabilities. The Committee expects this will focus on expanding the capacity and the State network of eligible entities providing employment supports in States, prioritizing States that have returned funds to RSA or States from the two lowest quintiles of labor force participation rates for people with disabilities.

The Committee directs the Department to continue to brief the Committees on Appropriations; the Committee on Health, Education, Labor, and Pensions of the Senate; the Committee on Education and Workforce of the House of Representatives; the Committee on Finance of the Senate; and the Committee on Ways and Means of the House of Representatives at least every 6 months with updates on activities funded within DIF.

*Client Assistance State Grants*

The Committee provides \$13,000,000 in discretionary funds for Client Assistance State Grants. This program funds State formula grants to help VR clients or client applicants understand the benefits available to them. States must operate client assistance programs to receive VR State Grant funds.

*Training*

The Committee provides \$29,388,000 for training rehabilitation personnel. This program supports grants to provide training to new VR staff or upgrade the qualifications of existing staff.

*Demonstration and Training Programs*

The Committee provides \$5,796,000 for demonstration and training programs. These programs support activities designed to increase employment opportunities for individuals with disabilities by expanding and improving the availability and provision of rehabilitation and other services. The Committee recommendation includes no less than the fiscal year 2024 enacted level for parent information and training programs.

*Protection and Advocacy of Individual Rights*

The Committee provides \$20,150,000 for the Protection and Advocacy of Individual Rights program. This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are ineligible for the protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act (Public Law 106–402) or the Protection and Advocacy for Individuals with Mental Illness Act (Public Law 99–319).

*Supported Employment State Grants*

The Committee provides \$22,548,000 for the Supported Employment State Grants Program. This program provides grants to States to provide supported employment services for individuals with the most significant disabilities, including youth with disabilities.

*Independent Living Services for Older Individuals Who Are Blind*

The Committee provides \$33,317,000 for Independent Living State Grants. This program supports assistance to individuals over age 55 to help them adjust to their blindness and continue to live independently, including daily living skills training, counseling, community integration information and referral, the provision of low-vision and communication devices, and low-vision screening.

*Helen Keller National Center for Deaf/Blind Youth and Adults*

The Committee provides \$19,000,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults. The Helen Keller National Center consists of a national headquarters in Sands Point, New York, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices that provide referral and counseling assistance to deaf-blind persons; and an affiliate network of agencies.

## SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

## AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2025 .....	\$43,431,000
Committee recommendation .....	43,431,000

The Committee provides \$43,431,000 to help support American Printing House for the Blind [APH].

APH provides educational materials to students who are legally blind and enrolled in elementary and secondary education pro-

grams to help enable such students to fully participate in and benefit from education programs. The Federal subsidy provides approximately 65 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include accessible textbooks, assistive technologies and other educational aids in Braille, large type, recorded form, and computer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchases and other acquisitions, consistent with the purpose of the act to Promote the Education of the Blind (Public Law 45-186).

The Committee includes funding for APH to develop and distribute assistive technologies, books in accessible formats, specially designed educational aids, and the training and support necessary to assist educators, parents and students who are blind or visually impaired to participate in and benefit from education programs. In addition, within amounts provided for APH, the Committee includes up to \$5,000,000 to support production and distribution of an innovative braille and tactile display product developed by the Printing House and its partners. The Committee also includes up to \$6,000,000 to continue the current Center for Assistive Technology Training regional partnership.

#### NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2025 .....	\$92,500,000
Committee recommendation .....	92,500,000

The Committee provides \$92,500,000 for the National Technical Institute for the Deaf [NTID].

NTID, located on the campus of the Rochester Institute of Technology in Rochester, New York, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research.

*Regional STEM Center.*—The Committee includes up to \$9,500,000 to continue NTID's current Regional STEM Center partnership. The STEM Center program expands NTID's geographical reach and improves access to postsecondary STEM education and employment for students who are deaf or hard of hearing in underserved areas. This has included professional development for teachers, developing relationships with business and industry to promote employment opportunities, and preparing students to be successful in STEM fields.

#### GALLAUDET UNIVERSITY

Appropriations, 2025 .....	\$167,361,000
Committee recommendation .....	167,361,000

The Committee provides \$167,361,000 for Gallaudet University. The Committee continues to include bill language allow Gallaudet to use up to \$15,000,000 of its appropriation for allowable construction activities.

Gallaudet University is a private, not-for-profit institution offering undergraduate and continuing education programs for students

who are deaf, as well as graduate programs in fields related to deafness for students who are hearing and deaf. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

This funding also supports the Model Secondary School for the Deaf, which serves as a laboratory for educational experimentation and development; disseminates curricula, materials, and models of instruction for students who are deaf; and prepares adolescents who are deaf for postsecondary academic or vocational education or the workplace. The university's Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

*Early Language Acquisition Project [ELAP].*—The Committee includes \$8,500,000 to continue the National expansion of ELAP through the Gallaudet University regional centers, of which the current partner is a regional center. ELAP supports early language acquisition for children from birth through age three who are deaf or hard of hearing. This program also supports activities to improve early language acquisition training for early educators, caretakers, and other professionals and allows Gallaudet to expand and build on its current research in this area, and test and evaluate interventions in diverse geographic areas.

#### CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriations, 2025 .....	\$2,181,436,000
Committee recommendation .....	2,181,436,000

##### *Career and Technical Education*

The Committee provides \$1,452,269,000 for Career and Technical Education [CTE] programs.

*State Grants.*—The Committee provides \$1,439,848,000 for CTE State grants. Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their CTE programs and ensure equal access to CTE for populations with special needs. Persons assisted range from secondary students in pre-vocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Per the authorization of the program, after reservations for required set-asides and small State minimums, funds are distributed to a baseline level of the amount awarded to each State in fiscal year 2018, with any remaining funds allocated according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian Tribes or Tribal organizations and to organizations primarily serving and representing Hawaiian Natives for services that are additional to what these groups receive under other provisions of the Perkins Act (Public Law 88–210).

Of the funds available for this program, \$648,848,000 will become available July 1, 2026, and \$791,000,000 will become available on October 1, 2026. These funds will remain available for obligation until September 30, 2027.

*National Activities.*—The Committee provides \$12,421,000 for national activities, including up to \$6,100,000 for Innovation and Modernization grants.

The Committee notes that section 114(d)(2) of the Perkins Act requires the Department to use funds appropriated for national activities for “a series of research and evaluation initiatives for each year for which funds are appropriated.” The Committee directs the Department to provide a briefing to the Committees, the Senate Committee on Health, Education, Labor and Pensions, and the House Committee on Education and Workforce no later than 90 days after enactment on the Department’s implementation of the requirements under section 114(d)(2) of the Perkins Act, including past and planned uses of funds for research and evaluation initiatives. The Committee directs the Department to provide a list of the research and evaluation initiatives carried out with such funds for each of fiscal years 2024 through 2026, the amounts planned or obligated for each initiative, and the timeline for competition of each such initiative as well as planned uses for funds in fiscal year 2027 in the fiscal year 2027 CJs.

The Committee continues to encourage the Department to work with the Departments of Defense, Labor, and Commerce to develop a pilot project to increase the quality of, and participation in, CTE programs related to the skills needed for new submarine construction.

The Committee strongly encourages the Department to include a priority for projects that include, as a component of an innovative career and technical education program, evidence-based school-based mentoring activities focused on providing students with the skills and experiences needed to be successful in the workplace in any new competitions under the Innovation and Modernization grants authority.

The Committee requests the Department provide a briefing to the Committees 180 days after enactment detailing any plans the Department has to include a priority for grants that support the establishment of online savings accounts as authorized under the Innovation and Modernization Grants authority in section 114(e) of the Perkins Act.

The Committee recognizes the importance of preparing students for postsecondary education and the workforce, including through the Career Connected High School Program as described in the Federal Register on August 14, 2023 (88 Fed. Reg. 54908). This program provides students with access to dual enrollment, work-based learning opportunities, in-demand industry credentials, and career navigation systems, and prioritizes opportunities for students from families with low incomes and students living in rural areas to complete high-quality career pathways that culminate with an associate, bachelor’s or advanced degree or completion of a Registered Apprenticeship program after high school. The Committee urges the Department to continue to support this program through the Innovation and Modernization Grants authority.

#### *Adult Education*

The Committee provides \$729,167,000 for Adult Education programs.

*Adult Education State Grants.*—The Committee recommendation provides \$715,455,000 for Adult Education State Grants which provide funding for States for programs that assist adults in becoming literate and in obtaining the skills necessary for employment and self-sufficiency.

*National Leadership Activities.*—The Committee provides \$13,712,000 for adult education national leadership activities.

The Committee encourages the Department to support technical assistance that will help build the evidence-base of adult education programs, including supporting States in prioritizing rigorously evaluated programs and the development of rigorous evidence such as funding randomized control trials, quasi-experimental studies and other evaluation methods that provide for a causal understanding of the effects of programs.

The Committee also encourages the Department to prioritize activities that reengage adults who have dropped out of the labor force, with a priority on States that have low labor participation rates.

#### STUDENT FINANCIAL ASSISTANCE

Appropriations, 2025 .....	\$24,615,352,000
Committee recommendation .....	24,615,352,000

The Committee provides an appropriation of \$24,615,352,000 for programs under the Student Financial Assistance account.

#### *Federal Pell Grant Program*

The Committee provides \$22,475,352,000 in current year discretionary funding for the Pell grant program. This funding combined with the additional \$10,500,000,000 provided to support the discretionary costs of the program in the One Big Beautiful Bill Act (Public Law 119–21) will ensure the Pell grant program does not face a funding shortfall in fiscal year 2026.

The Committee recommendation includes \$6,335 for the discretionary portion of the maximum Pell grant award. Combined with mandatory funding, under current law, this would provide a total maximum award of \$7,395 for the 2026–2027 award year.

*Pell Grant Restoration and Prison Education Program.*—The Committee continues to recognize the value of the Pell Grant in supporting effective prison education programs for incarcerated individuals, reducing recidivism rates, and saving taxpayer dollars by reducing the overall cost of incarceration. The Committee directs the Department to provide technical assistance that encourages additional institutions to establish a Prison Education Program [PEP] and work to transition all former Second Chance Pell experimental sites to become a PEP. In addition, the Committee strongly encourages the Department to coordinate with the Bureau of Prisons, State departments of corrections, county and local jail administrators, and accrediting agencies to enroll new PEP providers. The Committee directs the Department to publish a publicly available list of approved PEPs on a quarterly basis so that incarcerated students, corrections officials, and policymakers have a public source of information about PEP availability.

The Committee also encourages the Department to develop and provide technical assistance and guidance to institutions of higher education on how to support formerly incarcerated students as they leave prison, reenter society, and reenroll in postsecondary education. This guidance should address evidence-based strategies for helping formerly incarcerated people to secure housing, employment, and other Federal benefits, as well as re-enroll in college, access Federal and State financial aid, and secure campus housing and student employment. The Department should convey to institutions of higher education that they should work to ensure that every student who participates in a Prison Education Program is able to reenter their communities successfully post-release.

*Workforce Pell Grants.*—The Committee directs the Department to collect and report to Congress, no later than 270 days after enactment of this act and each year thereafter, a complete list of institutions of higher education and programs at such institutions that have gained eligibility for Workforce Pell Grants, as enacted under Public Law 119–21, and for each eligible institution or program, the information obtained by the Department for each such program used to determine whether such programs meet each metric associated with the program eligibility criteria described under section 481(b)(3)(A)(iv) of the Higher Education Act [HEA] (Public Law 89–329), as amended. The Department is further directed to provide quarterly briefings to the Committees, the Senate Committee on Health, Education, Labor and Pensions, and the House Committee on Education and Workforce on the implementation of Workforce Pell, including how the Department will verify the completion, job placement rates, and tuition and fees compared with the value-added earnings of each program.

#### *Federal Supplemental Educational Opportunity Grant Program*

The Committee provides \$910,000,000 for the Supplemental Educational Opportunity Grant [SEOG] program. The SEOG program provides funds to institutions of higher education for need-based grants to students. Institutions must contribute at least 25 percent toward SEOG awards.

#### *Federal Work-Study Program*

The Committee bill provides \$1,230,000,000 for the Federal Work-Study [FWS] program. This program provides grants to institutions of higher education to help undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Institutions must provide at least 25 percent of student earnings.

Within the total for FWS, the Committee recommendation includes \$11,053,000, for the Work Colleges program authorized under section 448 of the HEA.

### STUDENT AID ADMINISTRATION

Appropriations, 2025 .....	\$2,058,943,000
Committee recommendation .....	2,058,943,000

The Committee provides \$2,058,943,000 for the Student Aid Administration account. These funds are available until September

30, 2027, and support the Department's student aid management, including administration and operation, expenses.

The Committee directs the Department to provide a detailed spend plan of the planned uses of funds in this account within 45 days of enactment, and to provide quarterly briefings on its implementation not later than 10 days prior to the start of the quarter. This shall continue to include, but not be limited to, detailed breakouts by baseline operations and development efforts; and servicing, student aid core systems, IT activities, and other Office of Federal Student Aid [FSA] activities. These spend plans should also include details on major activities, including the Unified Servicing and Data Solution [USDS], the Student Aid and Borrower Eligibility Reform [SABER] initiative, and implementation of the FUTURE Act, FAFSA Simplification Act, Joint Consolidation Loan Separation Act, Stop Student Debt Relief Scams Act, and One Big Beautiful Bill Act, and other activities as appropriate. Further, the spend plan shall include a crosswalk to activities funded under administrative costs and servicing activities, and any reallocation of funds between those two activities shall be treated as a reprogramming of funds, and the Committees shall be notified in advance of any such changes.

The Committee includes updated bill language requiring the Department to provide monthly briefings on Federal student loan servicing and repayment. Additionally, the Department is directed to continue to notify the Committees of awarded contract Change Requests from the preceding month by the 10th day of the next calendar month regarding changes to student loan servicing.

*Briefing Requirement.*—The Committee directs the Secretary to continue providing monthly briefings and reports to the Committees and to the Committees on Education and Workforce of the House of Representatives and on Health, Education, Labor, and Pensions of the Senate on student aid administrative activities and data for Federal student loans during fiscal year 2026, including implementation of the higher education provisions in the One Big Beautiful Act. Information in the briefings and reports should also include, but not be limited to, borrower status, including the percentage of total borrowers and the percentage of at-risk borrowers (defined as borrowers who have one or more of the following risk factors: a previous history of default, missing a payment in the first 3 months of entering repayment, not completing their degree program, or pausing payments multiple times) in repayment by repayment plan; the percentage of borrowers and the percentage of at-risk borrowers who are delinquent or not making payments; share of borrowers at-risk of defaulting on their student loans currently in active repayment (defined as repayment that is not in deferment or forbearance), by repayment plan; average and median amount repaid through the duration of repayment by repayment plan; average and median income of borrowers who receive forgiveness through IDR; share of borrowers making \$0 payments; metrics on communications with borrowers who are severely delinquent in their loans, including open and click through rates for emails and repayment actions; the Department's progress on processing the backlog of IDR applications; and any changes to communications with borrowers based on data or behavioral economics assumptions



gathered during communications campaigns. The Committee further directs the Department to include updates on its campaign around resumed collections of student loans, including the mechanisms used in the communications campaign and outcomes of such campaign including number of borrowers reached, actions taken, the number of borrowers who have called the Debt Management and Collections System call center, and the number of borrowers who have exited default as a result of the communications campaign in the monthly reports and briefings provided. The Committee also directs the Department to produce and broadly disseminate an accessible public report that summarizes this data on an annual basis.

*College Scorecard.*—The Committee recognizes the value of institution-level outcomes data, including graduation rates, student loan repayment rates, and post-college earnings data for higher education accountability and directs the Department to maintain the College Scorecard and update the College Scorecard's data no less than once annually. The Committee also encourages the Department to continue refining the existing measures to maximize transparency about postsecondary educational opportunities and outcomes for students.

*FAFSA Data.*—The Committee directs the Department to maintain and expand the frequency and detail of FAFSA reporting, including quarterly Application Volume Reports, on the FSA Student Aid Data Center. This data shall include, at minimum: (1) The number of FAFSA submissions and completions processed by FSA and disaggregated by State, demographic characteristics, secondary school, and postsecondary school; (2) The number of submissions which contained inaccuracies thereby requiring resubmission to the Department; and (3) The amount of Federal student aid disbursed disaggregated by type of aid. The Department shall post the quarterly FAFSA reports no later than 60 days after the end of each applicable quarter.

*FAFSA Administration.*—The Committee appreciates the progress FSA has made regarding implementation of the FAFSA Simplification Act, including the strong customer service statistics for the past 6 months, but remains concerned about the administration of the FAFSA and is interested in ensuring that the level of customer service being provided to students and their families by FSA is adequate. During previous application cycles, financial aid applicants and financial aid administrators faced a number of problems, including with the functionality of the FAFSA form, accuracy of the application of the Federal financial aid formula, the transmission of data to institutions of higher education to accurately process financial aid, availability of corrections, long call center wait times, and the capabilities of FAFSA contractors to address some issues. It is essential that the Department continue on its current path to ensure sufficient staffing and support for FAFSA implementation to avoid any disruptions to the continued administration of the 2025–2026 FAFSA and the upcoming launch of the 2026–2027 FAFSA. While the use of technology, including artificial intelligence, is helpful, it cannot replace the need for experienced Department staff who have knowledge and expertise in the administration of financial aid and technical product development.

The Committee directs the Department to ensure full functionality for the 2026–2027 FAFSA when it launches by October 1, 2025. This functionality shall include FAFSA processing, school receipt of processed FAFSAs, processing of paper FAFSAs, and FAFSA correction functionality for applicants, institutions of higher education, and States. In advance of the October 1st launch, the Committee urges a timely release of the Federal student aid estimator, the FAFSA demonstration site, communication and training materials, a user-friendly Pell look-up table, eligibility and technical guides, and a quick, effective, and secure process for attaining an FSA ID. Funds provided under this account should be allocated to improve customer service, including by conducting rigorous consumer testing as required by law. The Committee directs the Department to continue to provide monthly briefings on FAFSA administration, including on the timeline for the launch of the 2026–2027 FAFSA, consumer testing, FSA ID creation, transmission of ISIRs, and availability of corrections. Should the launch of the form be delayed after October 1 of the year prior to the upcoming award year, the Department shall provide the Committees, the Senate Committee on Health, Education, Labor and Pensions, and the House Committee on Education and Workforce with written notification and a written timeline for the upcoming FAFSA launch no later than 10 days after enactment of this act and continue to update the written notification and written timeline every week until complete.

*Federal Fund and Guaranty Agency Reporting.*—Not later than 180 days after enactment, the Department is directed to produce and make publicly available on the FSA Data Center, a report regarding the Federal Funds authorized under section 422A of the HEA. The Committee directs such report to include the following for each guaranty agency: total amount in the Federal Fund available for expenses, a list of expenses (detailed by amount and type) from the previous fiscal year from the Federal Fund, the total amount the Secretary transferred to the Operating fund in the previous fiscal year, changes in the Federal Fund and forecasted performance of the guaranty agencies, and how the Department ensures effective oversight of the Federal Fund. The report shall also include, for each guaranty agency, how much from the Federal Fund was expensed to Project Success for the previous fiscal year, a list of Project Success partner institutions for that fiscal year, a summary by partner institution of what Project Success funds were spent on in that fiscal year, and for each guaranty agency and partner institution (as applicable), the metrics the Department is using to evaluate the effectiveness of the Project Success funds, how the Department selected current Project Success partner entities, and how many students were served by each Project Success partner entity. Finally, the report should include what is communicated to Guaranty Agencies when Federal funds are released for any grantmaking or programmatic purposes, including about the duration of project performance, the timely outlaying of funds for agreed upon activities, what percent of funds are allowed be held onto by Guaranty Agencies for administrative or indirect costs, and how the Department ensures Guaranty Agencies are adhering to basic grantmaking standards and requirements such as the stand-

ards and requirements other entities are required to adhere to in EDGAR.

*Financial Aid Data.*—The Committee notes that FSA retains sensitive information on millions of Americans and reminds the Department of its obligation to fulfill all statutory requirements regarding data sharing and privacy. While data-sharing can produce important new insights and reduce administrative burden for applicants and recipients of Federal benefits, unlawful or inappropriate access of such data undermines the trust that individuals place in the government to use the data responsibly and legally. Within 30 days of enactment of this act, the Committee directs FSA to provide a report detailing the agency's compliance with the Privacy Act of 1974, the Federal Information Security Modernization Act, and other applicable statutes governing the use and disclosure of individual financial aid data (including data in the National Student Loan Data System, the Financial Management System, and the FAFSA processing system), including the Internal Revenue Code, the HEA, and the Family Educational Rights and Privacy Act. Such report shall also include an overview of any data-sharing agreements signed or amended between FSA and other Federal agencies in fiscal years 2025 and 2026, a list of any instances where personally identifiable information was shared with another Federal agency without a data sharing agreement in place in fiscal years 2025 and 2026, including a description of what data was shared, with whom data was shared, for what purpose, and under what statutory authority. The report shall also include a description of the procedures FSA has put in place to ensure individual financial aid data is not accessed by unauthorized persons, inappropriately used, or shared outside of FSA in unauthorized ways.

*Higher Education Data Reporting.*—The Committee notes that accurate information about costs and outcomes in postsecondary programs is vital to students and their families as they make one of the biggest financial decisions of their lives. The Committee directs the Department to fully implement and enforce all statutory data reporting and collection requirements under the HEA, including the requirement to update and improve the Integrated Postsecondary Education Data System [IPEDS], the requirement that institutions of higher education participate in Federal data collections, including IPEDS, and maintaining the expanded IPEDS data elements required by the HEA.

*Identity Verification.*—The Committee recognizes the need for identity verification procedures to ensure Federal student aid is being properly provided to eligible students. However, the Committee notes the burden increased identity verification procedures could pose to first-generation and first-time FAFSA filers. Therefore, the Committee directs the Department to support institutions of higher education and students experiencing any difficulties with the new verification processes.

*Institutional Oversight.*—The Committee directs the Department to continue to update and post all regularly produced public reporting on the FSA Student Aid Data Center related to oversight of institutions of higher education. FSA should review applicable statutes and regulations to determine if any of the reports mandate specific reporting actions and update public websites accordingly.

*Interagency Coordination for Benefits Outreach and Financial Aid.*—The Committee notes that students and families would benefit from additional information on public and tax benefit programs that can help them meet their basic needs and cost of attendance, and that the recipients of public and tax benefit programs would benefit from information on financial aid to help them enroll in higher education. The FAFSA Simplification Act supports interagency coordination to conduct outreach for such purposes under sections 483(c)(3) and 485E(c) of the HEA, respectively. Within 60 days of enactment, the Committee directs the Department to provide a briefing on the status of implementation of these provisions, including interagency coordination with Federal agencies, and other efforts to expand notifications to students about public and tax benefit programs. Further, the Committee strongly encourages the Department to promote such outreach through direct and regular notices to financial aid applicants, technical assistance to institutions, and communications with States.

*Maintaining Higher Education Transparency and Research.*—The Committee is concerned by reports that existing higher education research and data collection organizations are being limited contrary to Congressional intent under the FAFSA Simplification Act. Collecting and publishing timely and relevant student access and outcome data that does not publicly release personally identifiable information and related analyses through mechanisms such as third-party research agreements, agency surveys, and administrative data collections with strong privacy protections have been and continue to be essential for the planning, administration, operation, and evaluation of the student aid programs and higher education grant programs. Additionally, students and their families benefit from targeted outreach and enrollment into public and tax benefit benefits for which they may be eligible and which help them afford the cost of college. Such data uses do not result in publicly disclosing personally identifiable information. The Committee urges the Department to maintain secure data collection, reporting that does not publicly release personally identifiable information, privacy-protected research, and interagency data-sharing for students' educational purposes only, including tax information such as income and family size, as part of the administration of the Federal student aid programs under the HEA. Further, the Committee directs the Department to issue guidance to reaffirm such data uses to further transparency, research, evaluation, and accountability in higher education while still ensuring student privacy. Further, the Committee directs the Department to permit the secure use of student and family tax data and issue guidance on Federal tax information data use, in accordance with Internal Revenue Service guidelines, to satisfy Federal data collection and reporting requirements.

*Office of the Chief Economist.*—The Committee recognizes the importance of the work of the Office of the Chief Economist. The Committee encourages FSA to collaborate with the Office of the Chief Economist to develop research and data analysis that will support informed policymaking, including studying measures of labor market outcomes of graduates by program and institution type; analyzing the types of borrowers who have received or are making

progress toward Public Service Loan Forgiveness; and how measures of short-term repayment outcomes relate to long-term repayment outcomes.

*Ombudsman.*—The Committee notes that the Student Loan Ombudsman is required under section 141 of the HEA and plays a critical role in supporting borrowers. The Committee directs the Secretary to provide a briefing to the Committees, the Senate Committee on Health, Education, Labor and Pensions, and the House Committee on Education and Workforce on the Department's progress on addressing unanswered complaints submitted to the ombudsman. The Committee also directs the Department to include the following information in the annual report required under section 141: data demonstrating the activities and effectiveness of the ombudsman function, the number of complaints received, the number of cumulative open complaints, the number of pending complaints that have received an initial response, and the number of complaints resolved.

*Promoting Safe Campuses.*—The Committee is concerned by reports of increased discrimination on college campuses, including hate crimes motivated by anti-Semitic and anti-Muslim prejudice. As FSA conducts its fiscal year 2026 work on enforcement of the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act [Clery Act], including complaint assessments, media assessments, and program reviews, the Committee encourages FSA to include institutions where known anti-Semitic or anti-Muslim hate crimes have occurred during the 2024–2025 academic year in such assessments and reviews. The Committee further encourages the Department to issue appropriate and timely fines for violations of the Clery Act.

*PSLF Processing.*—The Committee is interested in receiving information regarding PSLF processing. The Committee directs the Secretary to continue including information in the monthly loan repayment briefings for the Committees, the Senate Committee on Health, Education, Labor and Pensions, and the House Committee on Education and Workforce on the Department's progress on processing PSLF in fiscal year 2025. The Committee also directs the Department to provide updated data on the FSA Student Aid Data Center on the number of PSLF applications processed, approved, or denied on a quarterly basis.

*Return of Title IV Funds.*—The Committee continues to encourage the Department to pursue efforts to simplify and streamline the Return of Title IV Funds process for institutions of higher education and students.

*State Authorization Reciprocity Agreements.*—The Committee notes that State Authorization Reciprocity Agreements [SARAs], with strong consumer protections, can serve as an efficient and effective provider of uniform requirements for postsecondary distance education. SARAs can expand educational choice for students to adapt to a changing professional landscape, enable institutions to provide more efficient and consistent distance education to a broader range of students, and reduce institutional costs and bureaucracy. The Committee urges the Department to continue to support these agreements, including supporting the expansion of SARAs, as appropriate, for Federal financial aid or regulatory purposes, so

long as such SARAs are accompanied by strong consumer protections and maintain the ability of States to exercise regulatory authority over such SARAs serving students in their States.

*State-Based and Non-Profit Servicing Organizations.*—The Committee continues to note that many State-based and non-profit servicing organizations have demonstrated and specialized experience in helping struggling borrowers, and continues to encourage the Department and Federal student loan servicers to work with state and nonprofit organizations to help student and parent borrowers repay their Federal student loans.

*STOP Act Implementation.*—The Committee is concerned that the Department has not fully implemented the Student Debt Relief Scams Act of 2020 (Public Law 116–251), also known as the STOP Act, which requires the Department to enable third-party data system access to NSLDS as described in section 485B(e) of the HEA to ensure attorneys, State officials, and others have information to support student borrowers in addressing issues with their students loans. The Committee directs the Department to provide a briefing no later than 90 days after enactment to the Committees, the Senate Committee on Health, Education, Labor and Pensions, and the House Committee on Education and Workforce on implementation of the STOP Act, including how many requests the Department has received for third-party access to NSLDS.

*Unaccompanied Homeless Youth and Other Students Without Parent or Family Support.*—The Committee continues to be concerned that youth who do not have parental support are experiencing significant challenges completing the FAFSA and financial aid process. Students experiencing, or at risk of, homelessness and who do not have documentation have been incorrectly categorized as provisionally independent and have been arbitrarily limited in how they can document their experience with homelessness in previous FAFSA cycles. The Committee directs the Department to work with institutions of higher education to correct these errors for the 2026–2027 cycle. The Committee directs the Department to make publicly available the data about unaccompanied homeless youth and foster youth required by the FAFSA Simplification Act under section 483(c)(1)(D) of the HEA within 60 days of enactment of this act. The Committee further directs the Department to provide a briefing to the Committees, the Senate Committee on Health, Education, Labor and Pensions, and the House Committee on Education and Workforce within 90 days of enactment on how the Department reviews and conducts oversight on institutions of higher education that have high rates of unfulfilled requests for unaccompanied homeless youth determinations.

#### HIGHER EDUCATION

Appropriations, 2025 .....	\$3,080,952,000
Committee recommendation .....	3,267,926,000

The Committee provides an appropriation of \$3,267,926,000 for higher education programs.

*Aid for Institutional Development*

The Committee provides \$1,014,618,000 for Aid for Institutional Development. These totals do not include separately authorized and appropriated mandatory funding.

*Strengthening Institutions.*—The Committee provides \$107,070,000 to provide competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of students with financial need and with low educational and general expenditures per student in comparison with similar institutions. Applicants may use these funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services.

*Hispanic-Serving Institutions [HSIs].*—The Committee provides \$228,890,000 for competitive grants to institutions at which Hispanic students make up at least 25 percent of enrollment. Funds may be used for acquisition, rental, or lease of scientific or laboratory equipment; renovation of instructional facilities; development of faculty; support for academic programs; institutional management; and purchase of educational materials.

The Committee continues to support funding for programs that promote and support collaboration between Hispanic-serving institutions and LEAs that serve a significant number or percentage of Hispanic or Latino students for the purpose of improving educational attainment, including increasing high school graduation rates and postsecondary enrollment, transfer, and completion rates among Hispanic or Latino students, such as by strengthening pathways to postsecondary and workforce development programs.

*Promoting Postbaccalaureate Opportunities for Hispanic Americans.*—The Committee provides \$27,451,000 for competitive, 5-year grants to HSIs to help Hispanic Americans gain entry into and succeed in graduate study. Institutions may use funding to support low-income students through outreach programs; academic support services; mentoring and financial assistance; acquisition, rental, or lease of scientific or laboratory equipment; construction and other facilities improvements; and purchase of educational materials.

The Committee continues to encourage the Department to prioritize awards for projects that support consortiums of HSIs that award PhDs to develop and test new models of cross-institutional partnerships that facilitate mutually reinforcing activities, such as resource-sharing learning communities, mentorship programs for PhD students, graduate research experiences, faculty mentor capacity-building, and other uses associated with the pursuit and completion of PhDs by Hispanic students.

*Strengthening Historically Black Colleges and Universities [HBCUs].*—The Committee provides \$400,966,000 for the Strengthening HBCUs program. The program makes formula grants to HBCUs that may be used to purchase equipment; construct and renovate facilities; develop faculty; support academic programs; strengthen institutional management; enhance fundraising activities; provide tutoring and counseling services to students; and conduct outreach to elementary and secondary school students.

*Strengthening Historically Black Graduate Institutions [HBGIs].*—The Committee provides \$101,286,000 for the Strengthening HBGI program. This program provides 5-year grants to pro-

vide scholarships for low-income students and academic and counseling services to improve student success. Funds may also be used for construction, maintenance, and renovation activities; the purchase or lease of scientific and laboratory equipment; and the establishment of an endowment.

*Strengthening Predominantly Black Institutions [PBIs].*—The Committee provides \$22,412,000 for the Strengthening PBIs program. This program provides 5-year grants to PBIs to plan and implement programs to enhance their capacity to serve more low- and middle-income students.

*Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].*—The Committee provides \$18,682,000 for competitive grants to AANAPISIs that have an enrollment of undergraduate students that is at least 10 percent Asian American or Native American Pacific Islander students. Grants may be used to improve their capacity to serve Asian American and Native American Pacific Islander students and low-income individuals.

*Strengthening Alaska Native and Native Hawaiian-Serving Institutions [ANNHs].*—The Committee provides \$24,555,000 for the Strengthening ANNHs program. The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students and low-income individuals. Funds may be used to plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; purchase library and other educational materials; and provide education or counseling services designed to improve the financial and economic literacy of students or their families. The Committee includes new bill language that will permit ANNH grantees to use funding for construction and maintenance of classrooms, libraries, and other instructional facilities.

*Strengthening Native American-Serving Non-Tribal Institutions.*—The Committee provides \$11,462,000 for this program, which serves institutions that enroll at least 10 percent Native American students and at least 50 percent low-income students. This program helps institutions plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; and purchase library and other educational materials. The Committee includes new bill language that will permit grantees to use funding for construction and maintenance of classrooms, libraries, and other instructional facilities.

*Strengthening Tribally Controlled Colleges and Universities [TCCUs].*—The Committee provides \$51,807,000 for this program. Tribal colleges and universities rely on a portion of the funds provided to address developmental needs, including faculty development, curriculum, and student services. Funds can also be used for construction and renovation. The Committee notes that our Nation's Tribal colleges and universities have significant unmet infrastructure needs. Tribal colleges are also uniquely situated—they often lack access to State funding and other resources available to other public institutions of higher education.



*Strengthening Master's Degree Programs at Historically Black Colleges and Universities.*—The Committee provides \$20,037,000 for this program, authorized by section 723 of the HEA. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the master's level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

*International Education and Foreign Language Studies*

The bill provides a total of \$80,664,000 for International Education and Foreign Language Studies programs. Funds are used to increase the number of experts in foreign languages and area or international studies to meet national security needs through visits and study in foreign countries.

*Domestic Programs.*—The Committee provides \$70,353,000 for domestic program activities related to international education and foreign language studies under title VI of the HEA. Funds are used to support centers, programs, and fellowships. The Committee urges the Secretary to preserve the program's longstanding focus on activities and institutions that address the Nation's need for a strong training and research capacity in foreign languages and international studies, including increasing the pool of international experts in areas that are essential to national security and economic competitiveness.

*Overseas Programs.*—The Committee provides \$10,311,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961 (Public Law 87-256), popularly known as the Fulbright-Hays Act. Funding is provided for group, faculty, or doctoral dissertation research abroad, as well as special bilateral projects. Grants focus on training American instructors and students to improve foreign language and area studies education in the United States.

*Model Transition Programs for Students With Intellectual Disabilities into Higher Education*

The Committee provides \$13,800,000 for the Model Transition Programs for Students with Intellectual Disabilities into Higher Education [TPSID] program. The TPSID program provides competitive grants to institutions of higher education or consortia of institutions of higher education to enable them to create or expand high quality, inclusive model comprehensive transition and postsecondary programs for students with intellectual disabilities. The Committee directs the Department to ensure the TPSID program maintains support for a national Coordinating Center and a technical assistance center to translate and disseminate research and best practices to IHEs more broadly.

*Minority Science and Engineering Improvement*

The Committee provides \$16,370,000 for the Minority Science and Engineering Improvement program. Funds are used to provide discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to im-

prove science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

*Tribally Controlled Postsecondary Career and Technical Institutions*

The Committee provides \$11,953,000 for tribally controlled postsecondary vocational institutions. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students.

*Federal TRIO Programs*

The Committee provides \$1,191,000,000 for Federal TRIO programs, which provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students. This includes: Upward Bound which offers disadvantaged high school students academic services to develop the skills and motivation needed to pursue and complete a postsecondary education; Student Support Services which provides developmental instruction, counseling, summer programs, and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search which identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers [EOC] which provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program which supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in doctoral programs.

The Department is directed to allocate funding for each of the individual TRIO programs at no less than the following levels: Talent Search \$190,182,000; Upward Bound \$380,830,000; Veterans Upward Bound \$22,253,000; Upward Bound Math-Science \$79,614,000; EOCs \$59,450,000; Student Support Services \$380,816,000; Ronald E. McNair Postbaccalaureate Achievement Program \$61,357,000; and TRIO Training Grants \$4,150,000.

The Department is also directed to ensure that the notices inviting applications for new awards for the Talent Search and Educational Opportunity Centers grant competitions are published no later than December 1, 2025. The Department is further directed to take steps necessary to issue grant award notifications for all TRIO programs (both new and non-competing continuation award notices) no later than June 30, 2026.

*TRIO and Justice-Impacted Students.*—The Committee recognizes that EOCs have a long history of helping justice-impacted adults to enroll in college. The restoration of Pell Grants for people in prison presents an opportunity for EOCs to reach more students. The Committee encourages the Department to provide technical assistance and guidance to EOCs on best practices for supporting justice-impacted students, including examples of programs that can serve as models to others. In addition, the Committee encourages

the Department to consider how other TRIO programs can support justice-impacted students and provide guidance to institutions of higher education.

*Gaining Early Awareness and Readiness for Undergraduate Programs [GEAR UP]*

The Committee provides \$388,000,000 for GEAR UP, which provides grants to States and partnerships of colleges, middle and high schools, and community organizations to assist cohorts or students in middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education.

The Committee directs the Department to announce Notices Inviting Applications for New Awards for State Grants and Partnership Grants in the Federal Register. In such notice for State Grants, the Committee directs the Department to uphold the long-standing guidance that States may only administer one active State GEAR UP grant at a time. The Secretary is directed to provide written guidance in the Federal Register notifying applicants that only States without an active State GEAR UP grant, or States that have an active State GEAR UP grant that is scheduled to end prior to October 1, 2026 will be eligible to receive a new State GEAR UP award funded in whole or in part by this appropriation. In making new awards, the Department shall ensure that not less than 33 percent of the new award funds are allocated to State awards, and that not less than 33 percent of the new award funds are allocated to Partnerships awards, as described in section 404(b) of the HEA. The Secretary is further directed to ensure that no request from a State Grant applicant to receive an exception to the GEAR UP scholarship described in section 404E(b)(2) of the HEA shall be denied on the basis of 34 CFR 694.14(c)(3).

*Graduate Assistance in Areas of National Need*

The Committee provides \$23,547,000 to support the Graduate Assistance in Areas of National Need [GAANN] program. GAANN supports fellowships through 3-year competitive grants to graduate academic departments and programs in scientific and technical fields and other areas of national need as determined by the Secretary. Fellowship recipients must have excellent academic records and high financial need and must be pursuing doctoral degrees or the highest graduate degrees in their academic field. Each fellowship consists of a student stipend to cover living costs and an institutional payment to cover each fellow's tuition and other expenses. Institutions of higher education must match 25 percent of the grant amount.

*Teacher Quality Partnership Program*

The Committee provides \$65,000,000 for the Teacher Quality Partnership [TQP] program. The TQP program helps improve the quality of teachers working in high-need schools and early childhood education programs by supporting teacher preparation and residency programs.

The Committee recognizes the need to remove barriers to entry to the teaching profession in order to address teacher shortage

issues. Therefore, the Committee urges the Department to prioritize grants to eligible grantees that assist in removing such barriers by providing need-based scholarships or grants and academic supports to help teacher candidates successfully complete preparation programs and meet state licensure requirements.

The Committee recognizes the increasing number of and demand for “Grow Your Own” teacher preparation programs in our Nation. The Committee urges the Department to continue to support “Grow Your Own” teacher preparation programs, with a focus on programs that increase recruitment efforts in local communities, provide high quality pathways into the profession, improve teacher retention, and improve student outcomes.

The Committee also notes the need to ensure future teachers are well trained in data literacy, including how to use data in the classroom to differentiate instruction and improve student outcomes. The Committee urges the Department to prioritize TQP funding for applicants that seek to develop data literacy skills in future teachers.

#### *Child Care Access Means Parents in Schools*

The Committee provides \$75,000,000 for the Child Care Access Means Parents in Schools [CCAMPIS] program. This program provides competitive grants to institutions of higher education to establish or support campus-based child care programs, to help support needs and participation of low-income parents in post-secondary education.

The Committee directs the Department to prioritize grants to eligible entities serving a significant percentage of Pell-eligible or other low-income students. The Committee urges the Department to prioritize grants to eligible entities that propose flexible child care arrangements (such as evening, weekend, and drop-in child care) in any future competition. The Committee further urges the Department to prioritize grantees who will conduct direct outreach to parenting students regarding State and Federal public benefits, the Child Tax Credit, and education tax benefits for which the student parent may be eligible. The Committee also urges the Department to require new grantees to collect data on the total number of parenting students enrolled at the institution and the number of parenting students served by CCAMPIS grant funds. Additionally, the Committee strongly encourages the Department to assist grantees in leveraging other funding opportunities to help parenting students afford child care, by providing technical assistance and other support to grantees.

#### *Fund for the Improvement of Post-Secondary Education*

The Committee provides \$146,000,000 for the Fund for the Improvement of Post-Secondary Education. Within the total provided for the Fund for the Improvement of Post-Secondary Education, the following amounts are available for the following activities:

Budget activity	Committee recommendation
Basic Needs Systems Grants .....	\$10,000,000
Centers of Excellence for Veteran Student Success Program .....	9,000,000
National Center for Information and Technical Support for Postsecondary Students with Disabilities .....	2,000,000

Budget activity	Committee recommendation
Open Textbook Pilot .....	7,000,000
Postsecondary Student Success Grants .....	40,000,000
Research and Development Infrastructure Investments at HBCUs, TCCUs, and MSIs .....	38,000,000
Rural Postsecondary and Economic Development Grant Program .....	40,000,000

*Basic Needs Systems Grants.*—The Committee recommendation includes \$10,000,000 for competitive grants to IHEs (as defined in section 101 of the HEA), consortia of such IHEs, systems of higher education, or States to advance systemic solutions to identify, address, and prevent student basic needs insecurity. Such grants shall include one or more of the following activities: establishing processes to automatically identify and conduct outreach to students who may be eligible for public and tax benefit programs; conducting surveys or assessments of student basic needs security, including surveys of student needs conducted upon enrollment; providing referrals or case management to students to enroll in local, State, and Federal public and tax benefit programs; or coordinating and collaborating with government and community-based organizations to execute such activities. Activities may also include providing direct services such as temporary or affordable housing, free or subsidized food, access to on-campus childcare, emergency financial aid, and connecting students to mental and behavioral health services, so long as such activities are part of systemic plan to address and prevent student basic needs insecurity. The Committee directs the Department to prioritize eligible entities enrolling or serving a significant percentage of Pell-eligible or other low-income students, including community colleges, HBCUs, and other MSIs.

*Centers of Excellence for Veteran Student Success Program.*—The Committee recommendation includes \$9,000,000 for the Centers of Excellence for Veteran Student Success Program.

*National Center for Information and Technical Support for Postsecondary Students with Disabilities.*—The Committee recommendation includes \$2,000,000 for the continued operation of the National Center for Information and Technical Support for Postsecondary Students with Disabilities, also known as the National Center for College Students with Disabilities, as authorized under section 777(a) of the HEA.

*Open Textbook Pilot.*—The Committee recommendation includes \$7,000,000 for the Open Textbook Pilot program. The Committee directs the Department to issue a notice inviting applications, allow for a 60-day application period, and make a significant number of grant awards under the same terms and conditions as in prior years. The Committee further directs the Department to prohibit institutions of higher education receiving grants from charging students course material fees for any course utilizing free open textbooks, including equitable access fees or inclusive access fees. The Committee also directs the Department to ensure that any data collected from grantees about the performance of the open textbook pilot program does not include data from courses subject to such course material fees, unless such data is clearly disaggregated from data on the use of free open textbooks.

*Postsecondary Student Success Grants.*—The Committee recommendation includes \$40,000,000 for competitive Postsecondary

Student Success Grants, to scale evidence-based practices and reforms to improve postsecondary retention and completion rates among underserved students. These funds support grants to States, TCCUs, and systems of institutions of higher education to implement or expand evidence-based, statewide, and institutional level practices and reforms that improve student outcomes, including enrollment, retention, transfer, and completion among underserved students including students of color, low-income students, students with disabilities, students in need of remediation, first generation college students, homeless youth, foster youth, and student parents. The Committee directs the Department continue to carry out this program as a tiered-evidence competition, and require rigorous independent evaluations of grantee projects. The Committee further directs the Secretary to prioritize the awarding of Postsecondary Student Success grants to institutions of higher education that serve a significant percentage of Pell-eligible or other low-income students and that have a demonstrated commitment to implementing evidence-based strategies to improve student outcomes for such underserved students.

*Research and Development Infrastructure Investments at HBCUs, TCCUs, and MSIs.*—The Committee recommendation includes \$38,000,000 to increase the capacity of HBCUs, TCCUs, and MSIs to conduct innovative research in emerging technology and industries. These funds support planning and implementation grants designed to promote transformational investments in research infrastructure, such as physical infrastructure, capital improvement, research-related equipment, and hiring and retaining of faculty and research-related staff.

*Rural Postsecondary and Economic Development Grant Program.*—The Committee recommendation includes \$40,000,000 for competitive grants to States, institutions of higher education, consortia of such institutions, or non-profit organizations to support rural students in the enrollment, retention, transfer, and completion of postsecondary education through the Rural Postsecondary and Economic Development [RPED] Grant Program. The Committee recognizes that rural-serving institutions and communities face unique challenges and barriers. In particular, smaller, rural-serving colleges, universities and non-profit organizations may have significantly fewer staff, and less experience, in preparing to respond to Federal grant opportunities. The Committee encourages the Department to consider ways to better support rural applicants by recognizing the unique challenges facing rural communities, including but not limited to providing greater flexibility, longer application timelines, and targeted technical assistance for RPED grants. The Committee further urges the Secretary to prioritize the awarding of RPED grants to rural applicants that serve a significant percentage of Pell-eligible or other low-income students.

#### *Congressionally Directed Spending*

The Committee provides \$226,974,000 for the projects, and in the amounts, specified in the table at the end of this Committee Report.

*Hawkins Centers of Excellence*

The Committee provides \$15,000,000 for Hawkins Centers of Excellence. This program supports the expansion and improvement of teacher education programs at HBCUs and other MSIs in order to support diverse, well-prepared, and effective educators.

The Committee recognizes the importance of high-quality teacher preparation for student learning and teacher retention, and therefore directs the Secretary to prioritize grants to eligible institutions that propose to establish or scale up high-quality teacher preparation pathways that offer extensive preservice clinical training and mentoring by exemplary teachers in grade and subject areas deemed high need by their state. The Committee also recognizes the value of a diverse teacher workforce and directs the Secretary to prioritize grants to eligible institutions that commit to providing scholarships or grants, based on financial need, as well as academic supports to help teacher candidates successfully complete the preparation program and state licensure requirements, and to publicly report on these efforts and outcomes.

## HOWARD UNIVERSITY

Appropriations, 2025 .....	\$304,018,000
Committee recommendation .....	254,018,000

The Committee provides an appropriation of \$254,018,000 for Howard University. Located in the District of Columbia, Howard offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital. The Committee includes, within the funds provided, not less than \$3,405,000 for the endowment program.

*Howard University Hospital.*—Within the funds provided, the Committee includes \$27,325,000 for Howard University Hospital. The hospital provides inpatient and outpatient care, as well as training in the health professions. It also serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital's operations. The Committee notes the reduction of \$50,000,000 for the hospital reflects the fulfillment of the planned Federal contribution in fiscal year 2025 to support construction of the new hospital.

## COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriations, 2025 .....	\$298,000
Committee recommendation .....	298,000

The Committee provides \$298,000 for Federal administration of the CHAFL, College Housing Loans, and Higher Education Facilities Loans programs. Prior to fiscal year 1994, these programs provided financing for the construction, reconstruction, and renovation of housing, academic, and other educational facilities. While no new loans have been awarded since fiscal year 1993, costs for administering the outstanding loans will continue through 2030. These funds will be used to reimburse the Department for administrative expenses incurred in managing the existing loan portfolio.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING  
PROGRAM ACCOUNT

Appropriations, 2025 .....	\$20,678,000
Committee recommendation .....	20,678,000

The Committee provides \$20,678,000 for the HBCU Capital Financing Program. The HBCU Capital Financing Program makes capital available to HBCUs for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

The Committee includes \$20,150,000 for loan subsidy costs in guaranteed loan authority under this program. This will support an estimated \$500,000,000 in new loan volume in fiscal year 2026. In addition, the Committee includes \$528,000 for administrative expenses.

INSTITUTE OF EDUCATION SCIENCES

Appropriations, 2025 .....	\$793,106,000
Committee recommendation .....	793,106,000

The Committee provides \$793,106,000 for the Institute of Education Sciences [IES]. This amount includes \$73,500,000 for administrative expenses and centralized support costs for IES. The bill also includes a rescission of \$25,000,000 in previously appropriated funds for program administration.

This account supports education research, development, dissemination, utilization and evaluation; data collection and analysis activities; the assessment of student progress; and administrative expenses related to such activities. Funds provided to IES are available for obligation for 2 fiscal years.

Under the Education Sciences Reform Act of 2002 [ESRA], Congress established IES to provide national leadership in expanding fundamental knowledge and understanding of education from early childhood through postsecondary study. ESRA requires IES, in carrying out its mission, “to compile statistics, develop products, and conduct research, evaluations, and wide dissemination activities in areas of demonstrated national need and ensure that such activities conform to high standards of quality, integrity, and accuracy and are objective, secular, neutral, and nonideological and are free of partisan political influence” and it is the Committee’s expectation that IES will meet those statutory duties and obligations this year and have plans in place to continue doing so in the future.

*Program Administration.*—The Committee recommendation includes \$73,500,000 for administrative expenses and centralized support costs. Section 310 of this act ensures sufficient funding for centralized support costs is available and properly charged to this appropriation. The Committee directs the Department, IES, and NCES to work together to provide in the fiscal year 2027 and future CJs, as well as the fiscal year 2026 operating plan, the amount for NCES administrative expenses supported by this program administration appropriation necessary to meet statutory duties and obligations.

*Administrative and Staffing Plan.*—Not later than 30 days after enactment of this act and each quarter thereafter, the Committee



directs the IES Director and NCES Commissioner to submit administrative and staffing plans for their respective centers outlining staffing ceilings by national center, the factors considered in allocating staffing ceilings by national center, actual FTE by national center, and an explanation by national center for FTE changes from the preceding quarter. Additionally, the Committee directs the IES Director and NCES Commissioner (with Department and NAGB input as necessary) to describe the planned use of resources and FTEs to meet all statutory deadlines and requirements of ESRA related to education statistics, data collections, research, evaluations, assessments, surveys, and reports.

*Cybersecurity and other Requirements.*—The Committee notes the importance of IES's statutorily-required activities related to cybersecurity, privacy, accuracy, and confidentiality. The Committee directs the required administrative and staffing plan to include a description of implemented actions and a plan and associated timeline for future actions needed to comply with applicable requirements.

#### RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee provides \$245,000,000 for education research, development, evaluation, and national dissemination activities. These funds support activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education outcomes for students.

*Accelerate, Transform, and Scale Initiative.*—The Committee supports steps IES has taken to use funds for creating scalable, high impact solutions to improve education outcomes for all learners and eliminate persistent achievement and attainment gaps, including through pilot efforts modeled on Federal advanced research projects agencies. This includes the updated Transformative Research in the Education Sciences program, which is supporting partnerships between researchers, industry professionals, and education agencies to propose transformative solutions to intractable education problems leveraging advances in technology combined with research insights from the learning sciences. The Committee requests quarterly updates on progress on the initiative including the Seedlings to Scale program.

*National Academies of Sciences, Engineering, and Medicine Literacy Study.*—Recent NAEP and Program for the International Assessment of Adult Competencies scores show a troubling decline in literacy achievement for public school students and adult learners. The Committee shares the Administration's stated priority to improve literacy outcomes and includes \$1,500,000 for the Director to enter into an agreement with the NASEM to conduct a study of literacy attainment across the life-course, which shall include an analysis of factors that contribute to the current state of literacy attainment in the U.S., what is known about how to improve literacy attainment across the life-course, and implications for the well-being of individuals, communities, as well as national security and global competitiveness. The report shall include recommendations for Federal, state, and local policy and practice that take the varied landscape of how Americans develop literacy into account

and how best to maintain literacy attainment, including for English learners and students with disabilities.

#### STATISTICS

The Committee provides \$121,500,000 for data gathering and statistical analysis activities at the National Center for Education Statistics [NCES].

NCES is headed by a Commissioner appointed by the President and has statutory authority without supervision or approval of the Director for carrying out the work of NCES. The Commissioner also serves as the Department's Chief Statistical Officer under the Foundations for Evidence-Based Policymaking Act of 2018. NCES collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. NCES also provides technical assistance to SEAs, LEAs, and postsecondary institutions. Activities are carried out directly and through grants and contracts.

*Information on College Admissions.*—The Committee is aware of the lack of data available demonstrating how legacy status, or relationship to alumni of the institution, factors in first-time, first-year, degree-seeking admissions decisions. Starting with the 2022–2023 IPEDS admission surveys, NCES began to ask if IHEs consider legacy status. The Committee appreciates that NCES will continue to ask if IHEs consider legacy status in the IPEDS Admissions survey. The Committee encourages NCES to consider collecting data on applications, admission, and enrollments by applicants with legacy status at institutions eligible to participate in Title IV programs under the HEA and those IHEs that also provide legacy preferences according to their IPEDS response.

*National Postsecondary Student Aid Study [NPSAS].*—The Committee recognizes the critical role NCES is statutorily required to undertake through the administration of NPSAS and the importance of the postsecondary information NPSAS provides to researchers, policymakers, and the public. The Committee believes that NPSAS plays a vital role in postsecondary empirical research and analysis and directs NCES to maintain the study's current collection frequency of every 4 years and, to the extent practicable, to continue the administrative-only collection, as was done for NPSAS:18–AC, in the 2 years in between the full collection. NCES is directed to brief the Committees not later than 60 days after enactment of this act on how they intend to come into compliance with this directive.

*Privacy.*—The Committee notes the importance of maintaining privacy when collecting data for statistical purposes. The Committee supports the statutory requirements in ESRA regarding the collection, dissemination, and handling of data to ensure confidentiality and prevent unauthorized disclosure. The Committee is also aware that Confidential Information Protection and Statistical Efficiency Act is no longer among the privacy assurances that NCES is following when collecting data. Not later than 30 days after enactment, NCES is directed to brief the Committees on how the Department will continue to assure privacy is maintained when collecting data.

*School Pulse Panel.*—The Committee appreciates the timely information made available through the School Pulse Panel survey initiated during President Trump’s first term. Prior to its development, the Department did not have basic information about the status of school operations, staffing vacancies, access to school based mental health services, and other useful information for policy makers and the public to understand about the nearly real-time operation of our Nation’s schools. The Committee requests a briefing within 180 days of enactment on steps NCES could take to make timely information once again available.

#### REGIONAL EDUCATIONAL LABORATORIES

The Committee provides \$53,733,000 to continue support for the Regional Educational Laboratories [REL] program.

The laboratories are responsible for promoting the effective use and development of knowledge and evidence in broad-based systemic strategies to increase student learning and well-being and further school improvement efforts. The Committee urges IES to continue its efforts to strengthen the connections between practitioners and the research community, so that federally supported research is timely, relevant, and responsive to the needs of the field, helps build capacity of LEAs and SEAs to effectively integrate evidence use in decision-making and is effectively utilized in education policy and practice.

#### RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee provides \$64,255,000 for research and innovation in special education conducted by the National Center for Special Education Research [NCSE].

The Center addresses gaps in scientific knowledge to improve policies and practices in special education and early intervention services and outcomes for infants, toddlers, and children with disabilities. The Committee directs NCSE to continue to fund longitudinal studies and other research initiatives to support States in recruiting and training special and general educators and specialized support personnel so that students with disabilities can access universally designed and inclusive classrooms designed to provide accessible instruction, curricula, materials, and assistive technology, and receive specialized services and supports consistent with the IDEA.

#### SPECIAL EDUCATION STUDIES AND EVALUATIONS

The Committee provides \$13,318,000 for special education studies and evaluations.

This program supports competitive grants, contracts, and cooperative agreements to assess the implementation of IDEA. Funds are also used to evaluate the effectiveness of State and local efforts to deliver special education services and early intervention programs.

#### STATEWIDE DATA SYSTEMS

The Committee provides includes \$28,500,000 for the Statewide Data Systems program.

This program supports competitive grants to SEAs to support the development, maintenance, and expansion of State longitudinal data systems. Support for these systems will further strengthen State data infrastructure and linkages; contribute to improved data access, and use for evidence-based policymaking; and build capacity in States to secure and protect data. Early childhood, postsecondary, and workforce information systems may be linked to such systems or developed with program funds. The bill also continues to allow up to \$6,000,000 to be used for awards to improve data coordination, quality, and use, including support for the Privacy Technical Assistance Center that serves as a resource on privacy issues for SEAs and LEAs, the postsecondary education community, and others engaged in building and using education data systems.

#### ASSESSMENT

The Committee provides \$193,300,000 to provide support for the National Assessment of Educational Progress [NAEP], a congressionally mandated assessment created to measure and report the educational achievement of American students in a range of subjects and analyze trends over time.

Within the funds appropriated, the Committee recommends \$8,300,000 for the National Assessment Governing Board [NAGB], which is responsible for formulating policy for NAEP.

The Committee recommendation continues support of \$10,000,000 for research and development investments activities to modernize and innovate assessments while reducing future program costs. NAGB and NCES should continue to consult with the authorizing and appropriations committees of Congress as it considers strategies, including those identified by NASEM, in achieving cost efficiencies in and upgrades of its assessment program. Further, the Committee requests that the fiscal year 2027 CJ and fiscal year 2026 administrative and staffing plan describe implemented and planned strategies for cost efficiencies and necessary research and development projects.

*Assessment Schedule.*—The Committee notes the new voluntary assessment schedule for NAEP approved by the NAGB on April 21, 2025. The Committee requests regular updates on NCES's progress in implementing the new schedule.

#### DEPARTMENTAL MANAGEMENT

##### PROGRAM ADMINISTRATION

Appropriations, 2025 .....	\$419,907,000
Committee recommendation .....	379,907,000

The Committee provides \$379,907,000 for program administration. Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this account.

*Accreditation.*—Congress, under section 496(a)(4)(A) of the HEA, requires that accreditors respect the stated mission, including reli-

gious missions, of institutions of higher education. The Committee requests, within 180 days of enactment, a report describing the steps accreditors currently take to comply with section 496(a)(4)(A) and how such current practices could be improved. The report should also include any recommendations the Department or Congress could take to improve oversight of accreditors' compliance with section 496(a)(4)(A).

*Campus Antisemitism.*—The Committee is deeply concerned with continued reports of increased discrimination and harassment on college campuses, including incidences of antisemitic discrimination and harassment. The Committee encourages the Department to continue to offer guidance to institutions of higher education for the development of campus policies to combat religiously-based discrimination, harassment, and other incidents. The Committee also encourages the Department to offer guidance to institutions of higher education to encourage the prompt reporting of instances in which a member of the University community violates the institution's policies regarding discrimination and harassment, any disciplinary actions taken by the institution in response to such violations, and how the reporting of such violations and disciplinary actions is conducted in a manner that complies with all applicable privacy laws and policies.

*Citizenship and Civics Postsecondary Education.*—The Committee is concerned by recent surveys indicating that more than 70 percent of Americans lack a basic understanding of the structure of government and rights and responsibilities of citizens in our democracy. As an educated citizenry is critical to our system of democracy, the Committee urges the Department to support institutions of higher education in their efforts to increase student knowledge of, and service to, American civil society.

*College Costs.*—The Committee is concerned by the increase in college costs over the past 20 years and how those increases have contributed to growing student loan debt. The Committee notes that the Department annually publishes the College Affordability and Transparency List as required by the HEA. The College Affordability and Transparency List provides valuable information for students and families on the most and least expensive IHEs by both published tuition and net price. The Committee directs the Department to ensure that this important resource is prominently displayed on the Department's website, including on the College Scorecard website. The Committee encourages the Department to use recently reported data from institutions of higher education to develop detailed estimates of net prices by program for students of different income levels, and to incorporate those measures on the College Affordability and Transparency List and the College Scorecard. The Committee also encourages the Department to note on the College Scorecard profile of any IHE, such IHE's inclusion on the College Affordability and Transparency List, if applicable.

*Competitive Grant Priorities for Rural Areas.*—The Committee continues to encourage the Department to continue efforts to ensure competitive grants are reaching rural areas so that support and solutions developed with Federal funding are relevant to and available in such areas.

*Comprehensive Literacy Resources.*—The Committee believes it is important for all educators to be prepared to provide high-quality comprehensive literacy instruction for students. Free online comprehensive literacy resources with a specific focus on children in kindergarten through sixth grade that are evidence-based and build upon existing programs that leverage public partnerships and multidisciplinary tools could assist educators with being more prepared to provide such instruction.

*EDFacts.*—The Department's EDFacts system centralizes performance data supplied by SEAs with other data, which enables the use of performance data to inform decisionmaking and research. This system includes State-reported information from required assessments that is reported in a standard format, allowing researchers to measure school improvement that is comparable for all schools and LEAs. The Committee encourages the Department to reinstate the more detailed reporting on assessments, which was in effect through 2019, to allow SEAs, LEAs and schools to monitor their performance against similar entities and continue to act to improve their results.

*Education Research Data Access.*—The Committee directs the Department to respond to all properly filed requests for education research data access-restricted or otherwise-within a reasonable timeline. The Committee requests a report not later than 30 days after the end of the fiscal year on the number of properly filed requests, the number of data access requests granted, and the average time for processing such requests.

*Educator Reporting.*—The Committee commends the Department's work to support implementation of and enforce the requirements in section 1111(g)(1)(B) of the ESEA. The Committee directs continued efforts by the Department to work with each State to publicly report in an accessible manner not less than every 2 years progress made to ensure low-income and minority children enrolled in public schools are not served at disproportionate rates by ineffective, out-of-field, or inexperienced teachers. The Committee requests a briefing not later than 60 days after enactment of this act on the Department's planned support and monitoring efforts and corrective actions and recommendations implemented by States.

*Evidence-Based Grant Making.*—The Committee directs the Department to use demonstrated evidence of effectiveness as part of the selection criteria through its Education Department General Administrative Regulations, consistent with authorizations, for all competitive grant programs. Further, non-competitive formula grant funds have a range of evidence requirements and preferences and the Committee directs the Department to support entities receiving funding through those programs through enhancements to its technical assistance and support activities.

*Foreign Influence.*—Under section 117 of the HEA, institutions of higher education receiving Federal financial assistance are required to disclose gifts from, or contracts with, foreign sources if the value is \$250,000 or more. They must also disclose ownership or control by a foreign source. The Committee strongly urges the Department to work with IHEs to ensure they are fully complying with this statutory requirement. The Department shall report to the Committee on any steps that it has taken to address undue for-

eign influence within IHEs and K–12 schools and any actions that it has taken to ensure IHEs are fully complying with section 117 of the HEA. The Department shall also report to the Committee on the presence and influence of Confucius Institutes and Confucius Classrooms and their successor programs as well as the amount of Federal funding for foreign language studies that IHEs with a Confucius Institute or a successor program have received in the last decade and whether such Federal funding was utilized by the Confucius Institute or successor program.

*Foundation for Evidence-Based Policymaking Act.*—The Committee continues to believe that the execution of the Foundations for Evidence-Based Policymaking Act will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and provide more and higher quality evidence to policymakers. Therefore, the Committee directs the Department to continue to include in the fiscal year 2027 and future CJs updates on the implementation and planned implementation of such act for the current and future budget years.

*Grant Payment Conditions.*—The Committee directs the Department to provide the Committees with notification 3 days prior to putting more than a quarter of the all grantees in individual programs on route payment or instituting any other grant payment condition to more than a quarter of all grantees in any individual program. The Committee further directs the Department to provide quarterly reports to the Committees on the number of grantees on grant payment conditions by program, disaggregated by grant payment condition type. Such report shall also detail how long the grantees have been on route payment status and the reasons for placement in such status.

*High-Quality Tutoring/Title I Evidence-Based Interventions.*—The Committee notes that research shows that using high-quality, evidence-based tutoring programs with evidence of effectiveness, as defined in the 2015 reauthorization of the ESEA, can significantly improve achievement levels in reading and math. These proven systems include three to five sessions a week, integrated as part of the school day, delivered by a human tutor in person or virtually to a group of one to not more than four students at a time; and use a well-structured process, high-quality materials designed for tutoring during the school day, ongoing professional development and coaching for tutors, and assessment tools to benchmark student achievement. Proven tutoring models can bring struggling students up to the achievement level of their peers. The Committee encourages the Department to promote and provide technical assistance to LEAs and support partnerships between LEAs and education-related community-based organizations to implement evidence-based tutoring models.

*Information Collection Activities.*—The Committee recognizes the importance of trusted, transparent, timely, disaggregated, and comparable data on how schools and districts are meeting the needs of the students they serve and directs the Secretary to ensure that the Department is fulfilling its responsibilities as required by law.

*Legacy and Donor-Affiliated Admissions Practices.*—The Committee encourages the Department to work with accrediting agencies to assess whether accreditors consider preferences given to ap-

plicants based on alumni or donor affiliation in their review of institutional admissions policies, and to provide recommendations on how these practices could be addressed through existing accreditation standards.

*Nonrecurring Expenses Fund.*—As part of the annual CJ, the Department is directed to include the anticipated balances available for transfer into and uses of the Nonrecurring Expenses Fund [NEF] for the current and budget fiscal years. Additionally, the Department is directed to provide the Committees quarterly reports for all ongoing projects. The report shall include the following for each project: a description and timeline for each project; the date the project was notified to the Committees; total obligations to date; obligations for the prior fiscal year; anticipated obligations for current fiscal year; any expected future obligations; and the total unobligated balance in the Fund. In addition, the Department is required to provide biannual reports on expired balances that are eligible for transfer to the NEF. Such report shall include the Treasury Account Fund Symbol, program name, unobligated balance, and unexpended balance. Such report shall be transmitted 30 days after the close of the second quarter and within 45 days after the close of the fourth quarter of the fiscal year.

*Pooled Evaluation Authority.*—The Committee requests that the Department provide a report to the Committee on the planned use of pooled evaluation funds under section 8601 of the ESEA, consistent with the required plan under such section, not later than 15 days prior to any transfer of funds. The Committee also directs the Department to provide a report to the Committee on the planned use of pooled evaluation funds under section 309 of this act not later than 15 days prior to any transfer of funds.

*Post-Secondary Transfer Articulation Agreements.*—Transfer articulation agreements between community colleges and 4-year IHEs can play an important role in promoting access, affordability, and completion in higher education. The Committee encourages the Department to gather input from States that have implemented comprehensive statewide programs to determine best practices for implementation, enhancement, or scaling-up of agreements. The Department should also seek input from States that do not have comprehensive statewide programs to identify barriers to scaling-up agreements. This information should be disseminated to States by the Department with the goal of further enhancing or implementing statewide transfer articulation agreements.

*Program Priorities and Requirements.*—The Committee notes that authorizing laws contain program priorities and requirements across a range of formula and competitive grant programs. The Committee expects the Department to adhere to those priorities and requirements when developing and issuing notices inviting applications and program guidance and administering multi-year grants.

*Protecting Personally-Identifiable Information.*—The Committee continues to direct the Department to ensure that its employees, contractors, and grantees, including States that receive funds from Statewide Longitudinal Data System grants, adhere to the strictest and highest standards for protecting personally identifiable information.



*Reports to Congress.*—The Department is directed to provide 5 business days' notice to the Committee before release of any congressionally directed report.

*Responsiveness to GAO.*—The Committee notes that there have been prior engagements where the Department unnecessarily delayed in providing GAO with timely and complete information in response to GAO requests. The Committee directs the Department to provide timely and complete information to GAO on its engagements within timeframes as GAO may specify. The Committee further directs GAO to develop timeliness criteria to measure the Department's responsiveness to GAO requests for information. GAO activities are crucial to Congressional oversight, and the development of such criteria will assist GAO in the timely completion of work. GAO should consult with the Department, as GAO determines appropriate, in developing such criteria.

*Secondary Education Workforce Development Programs.*—The Committee supports State and local efforts to improve the alignment of workforce development efforts with secondary education, including supporting expanded industry-recognized skills instruction, training, and other work-based learning opportunities to address workforce development needs in in-demand industries and career pathways leading to quality jobs, specifically in fields with high, unmet demand like maritime and advanced manufacturing. The Committee encourages the Department to support efforts for secondary schools to partner with institutions of higher education, business, workforce development organizations, and industry organizations seeking to develop education programs designed to lead to or prepare individuals for high-demand careers in maritime and advanced manufacturing.

*Staffing Report.*—Not later than 30 days after enactment, the Department is directed to provide the Committee with a staffing report identifying the total FTE and non-personnel allocations supported by the student aid administration, office for civil rights, and office inspector general appropriations, and the FTE and non-personnel allocations for each program office supported by the program administration appropriation provided by this act. In addition, the Department shall provide on a monthly basis the number of on-board staff, attrition, approved hires not yet on-boarded and projected full-year FTE usage, including approved hires, and actual non-personnel expenses, for each program office supported by, and in total for, the each of the student aid administration, program administration, office for civil rights, and office inspector general appropriations provided in this act. The monthly reports should be detailed by competitive (including career SES) and excepted (including noncareer and limited term SES) service staff. The Department shall also provide the Committee on a biannual basis an excel file which includes the names, titles, grades, program office, and date of hire of all of the political appointees that were employed by the Department during the previous 180 days.

#### OFFICE FOR CIVIL RIGHTS

Appropriations, 2025 .....	\$140,000,000
Committee recommendation .....	140,000,000

The Committee provides \$140,000,000 for the Office for Civil Rights [OCR]. OCR is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive financial assistance from the Department. To carry out this responsibility, OCR investigates and resolves discrimination complaints, supports civil rights data collection, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet these civil rights requirements.

The Committee notes the importance of OCR in enforcing Federal civil rights laws and directs the Department to continue to post a list of all open investigations and case resolution documents. The Committee also requests that OCR provide the Committee with quarterly reports on the average case processing timelines for each category of directed investigations and compliance reviews and the number and type of complaints dismissed, opened for investigation, closed, or resolved.

*Combating Antisemitism.*—The Committee is concerned by reports of increased discrimination, including antisemitic harassment, in our Nation's education system. The Committee directs OCR to ensure timely processing of all current and incoming shared ancestry complaints and directed investigations, including those relating to antisemitism. The Committee further directs the Department to provide the Committees with quarterly reports on the status of OCR shared ancestry investigations, including those related to antisemitism, and an initial report no later than 30 days after enactment of this act. Such reports should include a brief overview, including timeline, status of the investigation, and any actions taken by OCR.

#### OFFICE OF INSPECTOR GENERAL

Appropriations, 2025 .....	\$67,500,000
Committee recommendation .....	67,500,000

The Committee recommends \$67,500,000 for OIG. Of this amount, \$3,000,000 is available until expended to provide flexibility for hiring delays and the year-end return of funds for common support provided by the Department that may turn out costing less than anticipated.

OIG has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

#### GENERAL PROVISIONS

Section 301. The bill continues a provision prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Section 302. The bill continues a provision giving the Secretary authority to transfer up to 1 percent of any discretionary funds between appropriations.

Section 303. The bill continues a provision making evaluation funds pooled under section 8601 of the ESEA available for obligation on a forward-funded basis.

Section 304. The bill continues a general provision allowing certain institutions to continue to use endowment income for student scholarships.

Section 305. The bill continues a provision extending authorization of the National Advisory Committee on Institutional Quality and Integrity.

Section 306. The bill modifies a provision extending authority to provide account maintenance fees to guarantee agencies.

Section 307. The bill continues a provision regarding servicing of Federal Perkins Loans.

Section. 308. The bill continues a provision regarding administrative costs for Public Service Loan Forgiveness.

Section. 309. The bill continues a provision allowing up to 0.5 percent of funds appropriated in this act for programs authorized under the HEA, except for the Pell Grant program, to be used for evaluation of any HEA program.

Section 310. The bill continues a provision regarding centralized support services for IES.

Section 311. The bill includes a new provision rescinding funding from the Nonrecurring Expenses Fund and permitting the Secretary to transfer NEF funds to the Charter School Program.

Section 312. The bill includes a new provision rescinding prior year funding for IES program administration.

Section 313. The bill includes a new provision regarding timely awards of formula grants.

Section 314. The bill includes a new provision regarding Department of Education responsibilities and staffing.

## TITLE IV RELATED AGENCIES

### COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

#### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$13,124,000
Committee recommendation .....	13,124,000

The Committee provides \$13,124,000 for the Committee for Purchase from People Who Are Blind or Severely Disabled [Commission], of which no less than \$3,150,000 shall be made available for the Office of Inspector General.

The Commission provides employment opportunities to approximately 40,000 Americans who are blind or severely disabled each year. The primary purpose of this program is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment. Encompassing nearly \$4,000,000,000 in products and services procured, it is the Federal Government's largest employment program for the severely disabled.

*Reports.*—Consistent with the explanatory statement accompanying Public Law 117–328, the Committee directs the Commission to submit in an electronic format quarterly reports on CNA Fees and CNA Expenditures, due no later than 60 days after the end of the fiscal quarter, to the Committees on Oversight and Government Reform and Education and the Workforce of the House of Representatives, Committees on Homeland Security and Governmental Affairs and Health, Education, Labor, and Pensions of the Senate, and Committees on Appropriations of the House of Representatives and the Senate.

#### CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service [CNCS] was established to enhance opportunities for national and community service. CNCS administers programs authorized under the Domestic Volunteer Service Act (Public Law 93–113), the National and Community Service Trust Act (Public Law 103–82), and the SERVE America Act (Public Law 111–13). Grants are awarded to States, public and private nonprofit organizations, and other entities to create service opportunities for students, out-of-school youth, adults, and seniors.

The Committee provides CNCS a total program level of \$1,252,806,000.

*Staffing Report.*—Not later than 30 days after enactment, CNCS is directed to provide the Committee an operating plan identifying

the total FTE, contract support, and non-personnel allocations supported by each appropriations account, including operating expenses, salaries and expenses, and office of inspector general for each agency department and office supported by each of these appropriations provided by this act. In addition, CNCS shall provide on a monthly basis the number of on-board staff, including FTEs and contractors, attrition, approved hires not yet on-boarded and projected full-year FTE usage, including approved hires, and actual non-personnel expenses, for each agency department and office supported by, and in total for each appropriations account, including operating expenses, salaries and expenses, and office of inspector general, provided in this act. The monthly reports should be detailed by service type (including excepted or appointment) and appointment type (including permanent, term, temporary, and career SES) for all agency staff. The Department shall also provide the Committee on a biannual basis an excel file which includes the names, titles, pay bands, agency department or office, and date of hire of all of the employees in a position in the excepted service employed by the Department during the previous 180 days.

*Timely Notice of Awards.*—Historically, CNCS has posted notices of funding opportunities early in the year to give grantees time to submit high quality applications and effectively plan for the use of grant funds. The Committee directs CNCS to ensure funding opportunity announcements for competitive grant programs funded in this act are published no later than January 1, 2026 and directs CNCS to make every effort to award funds for competitive grant programs funded under this Act no less than 60 days prior to the expiration of their period of availability. Additionally, the Committee directs CNCS to award renewal and non-competing continuations prior to the end of the period of performance, except in the case of a grant or award where there has been a finding of financial mismanagement, research fraud, or malfeasance. Finally, the Committee notes the inclusion of report language directing CNCS to provide a report to the Committees listing all grants during the previous month for which a scheduled non-competing continuation or renewal award was not made within 14 days of the end of the previous period of performance, including an explanation for the delay.

#### OPERATING EXPENSES

Appropriations, 2025 .....	\$975,525,000
Committee recommendation .....	975,525,000

The Committee provides \$975,525,000 for the operating expenses of CNCS.

#### *Volunteers in Service to America [VISTA]*

The Committee provides \$103,285,000 for VISTA. This program provides capacity building for small, community-based organizations with a mission of combating poverty. VISTA members raise resources, recruit and organize volunteers, and establish and expand programs in housing, employment, health, and economic development activities.

*National Senior Volunteer Corps*

The Committee provides \$236,917,000 for the National Senior Volunteer Corps programs, a collection of programs that connect Americans older than the age of 55 with opportunities to contribute their job skills and expertise to community projects and organizations. These programs include the Retired Senior Volunteer Program, the Foster Grandparent Program, and the Senior Companion Program.

*AmeriCorps State and National Grants*

The Committee provides \$635,323,000 for AmeriCorps State and National Grants, which provide funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment. Each of these organizations and agencies, in turn, uses its AmeriCorps funding to recruit, place, and supervise AmeriCorps members. AmeriCorps members receive a modest living allowance and other benefits proportional to their level of time commitment.

*Alumni Engagement Activities.*—The Committee notes significant Congressional and stakeholder interest in those activities, including strengthening identification with the AmeriCorps brand; expanding education and workforce pipelines; soliciting feedback from alumni on member experience; directory data sharing; and inter-agency collaboration on national, public, and military service. The Committee encourages CNCS to support these and other alumni engagement activities.

*Civic Bridge Building.*—The Committee supports CNCS' goal of uniting Americans through national service and recognizes that service is a proven model of civic bridge building. To advance these shared goals, the Committee continues to encourage CNCS to consider awarding grants, within existing competitions, to: (1) support civic bridge building programs and projects to reduce polarization and community divisions; and (2) provide training in civic bridge building skills and techniques to CNCS members and host sites and provide resources that can be publicly disseminated to support local civic bridge building efforts, among other activities.

*Collaboration on Outreach and Recruitment.*—The Committee commends collaboration among the Department of Defense, CNCS, the Selective Service System, Peace Corps, and the Office of Personnel Management on raising public awareness about military and national service opportunities. The Committee directs these agencies to continue exploring mutually beneficial ways to promote each agency's service opportunities, including sharing market research, providing ineligible or non-selected applicants with information about other forms of service, piloting joint recruitment efforts, and providing information to individuals transitioning out of military and national service about other opportunities to serve. The Committee requests a briefing from CNCS no later than 60 days after enactment that provides an update on these collaboration efforts.

*Commission Investment Fund [CIF].*—The Committee recommendation includes no less than the fiscal year 2024 level for the CIF, which provides funds to State commissions for training and technical assistance activities to expand the capacity of current

and potential AmeriCorps programs, particularly in underserved areas.

*Fixed Price Grant Program.*—The Committee believes the fixed amount AmeriCorps State and National grant is a flexible, useful grant vehicle that helps minimize risk and lowers administrative burden on grantees. Section 129(l) of the National and Community Service Act of 1990, as amended by Public Law 111–13, provides the agency with the authority to adopt other terms and conditions based on the risks associated with the Fixed Price grant program. The Committee directs CNCS to review the risks associated with the current drawdown formula that only allows recipients to incrementally receive awarded grant funds as service hours are recorded by enrolled members. The Committee notes that this formula may not always account for the many start-of-service program costs and the expenses grantees incur, regardless of whether a member serves a full term. The Committee urges CNCS to modify the drawdown formula to cover allowable grant expenses that occur at the start of year and to minimize the impact that under-enrollment, attrition, and service hour disruptions can have on grantee operations. CNCS should report to the Committees, in the fiscal year 2027 CJ, on the modifications CNCS will make and if any congressional action is required to authorize or help implement the changes.

*Flexibility for Programs.*—The Committee notes it provided CNCS with the authority to fund certain member service positions under 1,700 hours to help provide flexibility for programs to continue to operate and best meet the needs of their local communities.

#### *National Civilian Community Corps [NCCC]*

The Committee provides \$37,735,000 for NCCC, a full-time, team-based residential program for men and women ages 18 to 24. Members are assigned to one of five campuses for a 10-month service commitment.

#### *Innovation, Demonstration, and Assistance Activities*

The Committee provides \$14,706,000 for innovation, demonstration, and assistance activities.

*Volunteer Generation Fund.*—Within the total, the Committee includes \$8,558,000 for the Volunteer Generation Fund authorized under section 198P of the SERVE America Act (Public Law 111–13).

*National Days of Service.*—The Committee provides \$6,148,000 for National Days of Service including the September 11th National Day of Service and Remembrance and the Martin Luther King, Jr. National Day of Service. CNCS may give priority to making grants, entering into Cooperative Agreements, or providing other forms of support to eligible organizations with expertise in: representing families of victims of the September 11, 2001 terrorist attacks and other impacted constituencies; promoting the establishment of September 11 as an annually recognized National Day of Service and Remembrance; and organizing volunteers to engage in service to meet community needs and advance the life and teachings of Dr. Martin Luther King, Jr.

*Service Learning.*—The Committee encourages CNCS to continue to be a convener of the important work surrounding service learning, including programs in public schools and institutions of higher education.

#### *Evaluation*

The Committee provides \$6,250,000 for CNCS evaluation activities.

*Effective Interventions.*—The Committee is aware of CNCS initiatives to help service providers apply scientific evaluation methods to better understand interventions and encourages CNCS to continue its use of randomized control trials to build causal evidence for effective interventions.

#### *State Commission Grants*

The Committee recommendation provides \$19,538,000 for State Commission Grants.

#### THE NATIONAL SERVICE TRUST

Appropriations, 2025 .....	\$180,000,000
Committee recommendation .....	180,000,000

The Committee provides an appropriation of \$180,000,000 for the National Service Trust.

The National Service Trust makes payments of Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of CNCS.

#### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$99,686,000
Committee recommendation .....	89,686,000

The Committee provides an appropriation of \$89,686,000 for CNCS salaries and expenses. The salaries and expenses appropriation provides funds for staff salaries, benefits, travel, training, rent, equipment, and other operating expenses necessary for management of CNCS programs and activities. The Committee notes the inclusion of bill language to support staffing levels necessary to carry out CNCS' statutory responsibilities.

#### OFFICE OF INSPECTOR GENERAL

Appropriations, 2025 .....	\$7,595,000
Committee recommendation .....	7,595,000

The Committee provides an appropriation of \$7,595,000 for the CNCS OIG. The OIG's goals are to increase organizational efficiency and effectiveness within the Corporation and to prevent fraud, waste, and abuse.

#### ADMINISTRATIVE PROVISIONS

The Committee recommendation includes the following general provisions for CNCS: requiring CNCS to make any significant changes to program requirements or policy through rule making (section 401); stipulating minimum share requirements (section



402); requiring that donations supplement and not supplant operations (section 403); aligning requirements regarding the use of Education Awards at GI bill-eligible institutions (section 404); allowing the required background check of certain applicants to be processed by States under terms of the National Child Protection Act (Public Law 103–209) (section 405); allowing CNCS to fund certain member service positions under 1,700 hours (section 406); modifying VISTA members' education awards (section 407); and pro-rated member education awards (section 408).

#### FEDERAL MEDIATION AND CONCILIATION SERVICE

##### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$53,705,000
Committee recommendation .....	53,705,000

The Committee provides \$53,705,000 for the Federal Mediation and Conciliation Service [FMCS]. FMCS provides mediation, conciliation, and arbitration services to labor and management organizations to prevent and minimize work stoppages and promote stable labor-management relationships. FMCS is also authorized to provide dispute resolution consultation and training to all Federal agencies.

#### FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

##### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$18,012,000
Committee recommendation .....	18,012,000

The Committee provides \$18,012,000 for the Federal Mine Safety and Health Review Commission [FMSHRC], which provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977 (Public Law 91–173). Most cases involve civil penalties proposed by MSHA. FMSHRC's administrative law judges [ALJs] decide cases at the trial level and the five-member Commission provides review of the ALJ's decisions.

#### INSTITUTE OF MUSEUM AND LIBRARY SERVICES

##### OFFICE OF MUSEUM AND LIBRARIES: GRANTS AND ADMINISTRATION

Appropriations, 2025 .....	\$294,800,000
Committee recommendation .....	291,800,000

The Committee provides \$291,800,000 for the Institute of Museum and Library Services [IMLS]. This agency supports programs for museums and libraries that encourage innovation, provide life-long learning opportunities, promote cultural and civic engagement, and improve access to a variety of services and information.

*Information Literacy Task Force.*—The Committee provides \$2,000,000 within the amount provided for administration, to continue work on information literacy, including the continuation and expansion of the Information Literacy Taskforce in accordance with the priorities and guidelines described in the explanatory statement accompanying Public Law 117–103 and Public Law 117–328. The Committee directs IMLS to submit a report to the Committees

on information literacy activities implemented, including any outreach to, and engagement with, adult education stakeholders and entities implementing Taskforce priorities in the Digital Equity Act related to digital equity and inclusion within 1 year of the date of enactment of this act. Such report should also include Task Force recommendations on areas for future research.

*America250.*—The Committee recognizes IMLS’ commitment to the 250th Anniversary of the U.S. in coordination with the U.S. Semiquincentennial Commission (Public Law 114–196) and the White House Task Force on Celebrating America’s 250th Birthday (Executive Order 14189). IMLS has a key role in supporting existing activities at the State and local levels that enhance civic engagement through local community collaboration by facilitating partnerships with local museums. The Committee encourages the Office of Museum Services to support efforts of state 250th commissions through existing programs, such as Museums for All or National Leadership Grants. Such efforts will preserve and share American history at this once-in-a-generation moment resulting in greater civic engagement beyond the Semiquincentennial.

*Tribal Consortia Eligibility.*—The Committee continues to instruct IMLS to issue guidance on how consortia of Indian tribes or Tribal organizations could be eligible to apply for Tribal library and related grants.

*Museum and Library Facilities.*—The Committee continues to be concerned about the physical condition of library and museum facilities. The Committee looks forward to receiving the GAO report required in Senate Report 118–84 on this issue. In addition, the Committee appreciates IMLS’s work to conduct a study on this issue and the publication of the resulting report.

The Committee bill includes language requiring funds provided in this act to be allocated for the programs and activities, and in the amounts specified in the following table:

Budget activity	Committee recommendation
Library Services Technology Act (LSTA):	
Grants to States .....	\$183,000,000
Native American Library Services .....	5,763,000
National Leadership: Libraries .....	15,287,000
Laura Bush 21st Century Librarian .....	10,000,000
Subtotal, LSTA .....	214,050,000
Museum Services Act:	
Museums for America .....	28,730,000
21st Century Museum Professional .....	1,000,000
Native American/Hawaiian Museum Services .....	3,772,000
National Leadership: Museums .....	9,348,000
Subtotal, MSA .....	42,850,000
African American History and Culture Act .....	4,200,000
National Museum of the American Latino Act .....	4,200,000
Research, Analysis and Data Collection .....	5,500,000
Administration .....	21,000,000
IMLS, Total .....	291,800,000

# MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

## SALARIES AND EXPENSES

Appropriations, 2025 .....	\$9,405,000
Committee recommendation .....	9,405,000

The Committee provides \$9,405,000 for the Medicaid and CHIP Payment and Access Commission [MACPAC]. This commission was established in the Children's Health Insurance Program Reauthorization Act of 2009 (Public Law 111-3) and is tasked with reviewing State and Federal Medicaid and Children's Health Insurance Program access and payment policies and making recommendations to Congress, the Secretary of HHS, and the States on a wide range of issues affecting those programs. The Committee appropriation will allow MACPAC to continue to carry out these activities.

# MEDICARE PAYMENT ADVISORY COMMISSION

## SALARIES AND EXPENSES

Appropriations, 2025 .....	\$13,824,000
Committee recommendation .....	13,824,000

The Committee provides \$13,824,000 for the Medicare Payment Advisory Commission, which provides independent policy and technical advice on issues affecting the Medicare program.

# NATIONAL COUNCIL ON DISABILITY

## SALARIES AND EXPENSES

Appropriations, 2025 .....	\$3,850,000
Committee recommendation .....	3,850,000

The Committee provides \$3,850,000 for the National Council on Disability [NCD]. NCD is mandated to make recommendations to the President, Congress, the Rehabilitation Services Administration, and the National Institute on Disability, Independent Living, and Rehabilitation Research on issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans with Disabilities Act (Public Law 101-336) and examines emerging policy issues as they affect persons with disabilities and their ability to enter or re-enter the Nation's workforce and to live independently.

# NATIONAL LABOR RELATIONS BOARD

## SALARIES AND EXPENSES

Appropriations, 2025 .....	\$299,224,000
Committee recommendation .....	294,224,000

The Committee provides \$294,224,000 for the National Labor Relations Board [NLRB], which administers and enforces the National Labor Relations Act of 1935 (Public Law 74-198) and protects employee and employer rights provided under that act. The Committee maintains language restricting the use of electronic voting.

*Staffing Report.*—Not later than 30 days after enactment, the NLRB is directed to provide the Committee an operating plan identifying the total FTE and non-personnel allocations for the regional office and NLRB headquarters components supported by the appropriations provided in this act. In addition, the NLRB shall provide on a monthly basis the number of on-board staff, attrition, approved hires not yet on-boarded and projected full-year FTE usage, including approved hires, and actual non-personnel expenses, for the regional office and NLRB headquarters components supported by the appropriation provided in this act and corresponding workloads. The monthly reports should be detailed by competitive (including career SES) and excepted (including noncareer and limited term SES) service staff. The NLRB shall also provide the Committee on a biannual basis an excel file which includes the names, titles, grades, program office, and date of hire of all the employees in a position in the excepted service employed by the NLRB during the previous 180 days.

*GAO report.*—The Committee directs the GAO to study and provide a briefing with preliminary observations to the Committee no later than 180 days after enactment of this act, with a report to follow on a date mutually agreed upon with the Committee at the time of the preliminary briefing, on data access at the NLRB during fiscal year 2025.

#### NATIONAL MEDIATION BOARD

##### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$15,113,000
Committee recommendation .....	15,113,000

The Committee provides \$15,113,000 for the National Mediation Board [NMB], which mediates labor-management relations in the railroad and airline industries under the Railway Labor Act (Public Law 88–542). The NMB mediates collective bargaining disputes, conducts elections to determine the choice of employee bargaining representatives, and administers arbitration of employee grievances.

#### OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

##### SALARIES AND EXPENSES

Appropriations, 2025 .....	\$15,449,000
Committee recommendation .....	14,449,000

The Committee provides \$14,449,000 for the Occupational Safety and Health Review Commission [OSHRC]. OSHRC serves as a court to resolve disputes between OSHA and employers charged with violations of health and safety standards enforced by OSHA.

#### RAILROAD RETIREMENT BOARD

The Railroad Retirement Board [RRB] administers the retirement/survivor and unemployment/sickness insurance benefit programs for railroad workers and their families under the Railroad Retirement Act (Public Law 93–445) and Railroad Unemployment Insurance Act (Public Law 100–647).

## DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 2025 .....	\$8,000,000
Committee recommendation .....	8,000,000

The Committee provides \$8,000,000 for the Dual Benefits Payments Account together with any estimated income derived from income taxes on vested dual benefits. This appropriation provides for vested dual benefit payments to beneficiaries covered under both the railroad retirement and Social Security systems.

## FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriations, 2025 .....	\$150,000
Committee recommendation .....	150,000

The Committee provides \$150,000 for Federal Payments to the Railroad Retirement Account. These funds reimburse the railroad retirement trust funds for interest earned on non-negotiated checks.

## LIMITATION ON ADMINISTRATION

Appropriations, 2025 .....	\$126,000,000
Committee recommendation .....	126,000,000

The Committee provides \$126,000,000 for RRB's costs associated with the administration of railroad retirement/survivor and unemployment/sickness benefit programs. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the Board for administrative expenses.

The Committee continues to request annual updates on the project status, including timelines to completion, total anticipated cost of development, funding obligations, and contracts for RRB's fully funded information technology modernization system.

The Committee maintains bill language giving RRB the authority to hire new attorneys in the excepted service.

## LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2025 .....	\$14,000,000
Committee recommendation .....	14,000,000

The Committee provides \$14,000,000 for RRB Office of the Inspector General. This Office conducts audits and investigations to protect the integrity of the RRB trust funds and provides comprehensive oversight of all RRB operations and programs.

## SOCIAL SECURITY ADMINISTRATION

## PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 2025 .....	\$15,000,000
Committee recommendation .....	15,000,000

The Committee provides \$15,000,000 in mandatory funds for payments to Social Security trust funds. This account reimburses the Old Age and Survivors Insurance [OASI] and Disability Insurance [DI] trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not nego-

tiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs and they were properly charged to general revenues.

#### SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriations, 2025 .....	\$46,349,317,000
Committee recommendation .....	49,447,965,000

The Committee provides \$49,447,965,000 in fiscal year 2026 mandatory funds for the SSI program. This is in addition to the \$22,100,000,000 provided in the fiscal year 2025 appropriations act for the first quarter of fiscal year 2026. In addition, the Committee provides \$23,500,000,000 in advance funding for the first quarter of fiscal year 2027. The SSI program guarantees a minimum level of income to individuals who are disabled, blind, or older than age 65, and meet certain income and resource limitations.

#### *Federal Benefit Payments*

The Committee provides a fiscal year 2026 program level of \$66,762,000,000 for Federal benefit payments.

#### *Beneficiary Services*

The Committee provides \$75,000,000 in new mandatory budget authority for beneficiary services.

These funds reimburse vocational rehabilitation [VR] agencies for successfully rehabilitating disabled SSI recipients by helping them achieve and sustain productive, self-supporting work activity. Funds also support the Ticket to Work program that provides SSI recipients with a ticket to offer employment networks [ENs], including VR agencies, in exchange for employment and support services. Instead of reimbursing ENs for specific services, the Ticket to Work program pays ENs based on recipients achieving certain milestones and outcomes.

#### *Research and Demonstration*

The Committee provides \$91,000,000 in mandatory funds for research and demonstration projects conducted under sections 1110, 1115, and 1144 of the Social Security Act (Public Law 74-271), as amended. These funds support a variety of research and demonstration projects designed to improve the disability process, promote self-sufficiency and assist individuals in returning to work, encourage savings and retirement planning through financial literacy, and generally provide analytical and data resources for use in preparing and reviewing policy proposals.

#### *Administrative Expenses*

The Committee provides \$4,619,965,000 for SSI program administrative expenses. This appropriation funds the SSI program's share of administrative expenses incurred through the Limitation on Administrative Expenses [LAE] account.

#### LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 2025 .....	\$14,297,978,000
Committee recommendation .....	14,891,978,000

This account provides resources for SSA to administer the OASI, DI, and SSI programs, and to support CMS in administering the Medicare program. The LAE account is funded by the Social Security and Medicare trust funds for their share of administrative expenses, the general fund for the SSI program's share of administrative expenses, and applicable user fees. These funds support core administrative activities including processing retirement and disability claims, conducting hearings to review disability determination appeals, issuing Social Security numbers and cards, processing individuals' annual earnings information, and ensuring the integrity of Social Security programs through continuing disability reviews [CDR] and SSI redeterminations of non-medical eligibility.

The Committee provides \$2,397,000,000 for program integrity activities, including CDRs, SSI redeterminations of non-medical eligibility, and Cooperative Disability Investigations units. This includes \$273,000,000 in base funding and \$2,124,000,000 in budget adjustment funding.

The Committee also provides up to \$171,000,000 for administrative activities funded from user fees. This includes up to \$170,000,000 in fees collected from States that request SSA to administer State SSI supplementary payments and up to \$1,000,000 from fees collected from non-attorney claimant representatives.

The Committee also provides not less than \$2,700,000 for the Social Security Advisory Board. This board advises the Commissioner of Social Security and makes recommendations to Congress and the President on policies relating to the OASI, DI, and SSI programs.

*Beneficiary Information on Claims Timing.*—The Committee is concerned many retiring beneficiaries make their claiming decision without a full understanding of the financial implications of benefit reductions for early retirement or delayed retirement credits. The Committee requests a report in the fiscal year 2027 CJ describing SSA's protocols, operating procedures, and informational materials (including nomenclature) used to inform retiring beneficiaries of how changes in their claiming date may affect their monthly benefit after claiming. Such report shall also include changes to such protocols, procedures, materials, and nomenclature SSA has considered using to help beneficiaries make more informed decisions regarding the timing of their retirement claim and improve the public's understanding of the effect of different claiming strategies.

*Codebase Modernization.*—The Committee supports efforts to update SSA's codebase from the COBOL programming language, which would provide better access to beneficiary data, expedite claim processing, reduce need for manual data entry, and lower the number of improper payments. The Committee directs the SSA, within 180 days of issuance of this report, to submit to the Committees a report on SSA's progress on the secure migration of the codebase to a modern programming language.

*Communications to my Social Security Account Holders.*—The Committee directs SSA to ensure that its communications with the public, particularly direct emails to my Social Security Account holders, be nonpartisan and factual.

*Cooperative Disability Investigations [CDI].*—The Committee directs SSA to provide an update in its fiscal year 2027 CJ on CDI units, including updates on the program's projected savings to

SSA's disability programs, total recovery amounts, and projected savings to other Federal and State programs. Such updates shall also include suggestions regarding other ways Federal and State agencies may partner on anti-fraud initiatives with respect to Social Security programs.

*Data Sharing and Systems Integration.*—The Committee recognizes the importance of improving access to accurate and timely information to support eligibility determinations and program integrity across Federal and State-administered programs. The Committee encourages the Social Security Administration [SSA], in coordination with the Department of Labor [DOL], to conduct a legal review of the authority, requirements, and limitations governing the sharing of relevant SSA- and DOL-held data with State agencies and third-party entities. The Committee further encourages SSA to evaluate opportunities for secure system integration or automated data exchange solutions while protecting individual privacy and ensuring compliance with applicable law.

*Digital Identity Authentication.*—The Committee recognizes potential efforts to adopt digital identity authentication technologies to accompany Federal benefit verification practices. The Committee requests a briefing within 90 days of enactment on SSA's efforts in this area, including how it is addressing the digital literacy and accessibility needs of the populations it serves and how it is mitigating potential risks and ensuring data privacy.

*IT Activities.*—The Committee directs SSA to provide a report to the Committee, within 90 days of enactment of this act, detailing the number and amount of contracts, grants, and cooperative agreements awarded for the purpose of maintaining, expanding, modernizing, or enhancing its information technology capabilities and infrastructure. Such report shall include, at a minimum, the name of the contractor or grantee, the amount of funding, the contract duration, the governmental purpose, and the programmatic area(s) within SSA's IT portfolio (as described on Table 3.24 of the fiscal year 2026 CJ) the contract serves.

*Service Delivery.*—The Committee notes there are significant service delivery challenges at SSA that are impacting critical services that millions of Americans count on. The Committee directs SSA to provide monthly briefings to the Committees on Appropriations of the House of Representatives and the Senate on the steps it is taking to address these issues, including but not limited to, decreasing disability claim processing times, ensuring prompt processing of retirement claims, addressing delays on SSA's 1–800 number and in field offices, and general improvement to customer experience when contacting SSA. The Committee directs SSA to provide the Committees a monthly report of performance metrics that measure SSA's progress on addressing key service delivery challenges. In addition, the Committee directs GAO to conduct a review of service delivery challenges at SSA and SSA's steps to address them. Finally, the Committee directs SSA to ensure that changes to internal policies, including changes to its Program Operations Manual System are deliberate and include public and stakeholder input when appropriate. The Committee directs SSA to notify the Committees in advance of any changes to its internal poli-



cies that could reasonably be expected to meaningfully impact the public's interactions with SSA.

*Rural and Frontier Service Delivery.*—The Committee is concerned that senior citizens and Americans with disabilities in rural and frontier areas of the Nation are unable to access in-person Social Security services and that access by phone or videoconference is limited. The Committee strongly urges SSA to evaluate its service delivery options in rural and frontier areas and, when feasible, implement expanded access to options that have been most effective for residents of these areas to ensure that SSA is able to provide timely assistance, whether in-person, by phone, or by videoconference.

*Staffing Plan.*—The Committee notes the importance of ensuring SSA has the necessary workforce to operate efficiently and provide high-quality service to program beneficiaries. The Committee recommendation includes \$100,000,000 above the budget request in order to help address workforce challenges. The Committee directs SSA to provide a monthly report of staff on board by component as of the beginning of fiscal year 2025, the beginning of fiscal year 2026, and for each month starting with the month after the date of enactment of this act, including the number of staff on board by field office.

*Survivor Benefits Processing.*—The Committee notes the importance of ensuring that timely, quality beneficiary services are rendered to current and prospective recipients of survivors benefits. The Committee emphasizes that, as with other types of Social Security benefits, the timing of claiming and associated services can be critical for the livelihood of survivors, especially child beneficiaries.

*Ticket to Work Improvements.*—The Committee recognizes that the Ticket to Work program may be underutilized and can provide important resources for individuals looking to return to work. The Committee encourages SSA to work to identify ways to improve the program's effectiveness through existing and relevant statutory authorities.

*Vocational Guidelines.*—The Committee is aware that implementation of the Occupational Information System [OIS] project, which aims to bring the vocational list used in disability determinations in line with current job opportunities, is ongoing. The Committee notes that SSA has obligated and expended significant resources and time on this project to-date. Therefore, the Committee directs SSA, within 90 days of enactment of this act, to provide a briefing to the Committees on Appropriations and Finance of the Senate and the Committees on Appropriations and Ways and Means of the House of Representatives regarding SSA's status in making these changes to occupational data, completed actions to-date, and planned actions for this project over the coming fiscal year.

*Work Incentives Planning and Assistance [WIPA] and Protection and Advocacy for Beneficiaries of Social Security [PABSS].*—The Committee provides \$23,000,000 for WIPA and \$10,000,000 for PABSS. These programs provide valuable services to help Social Security disability beneficiaries return to work. The Committee notes that delayed suitability determinations have in some cases significantly affected the ability of PABSS grantees to carry out

their mission to protect the rights and best interests of individuals with disabilities.

#### OFFICE OF INSPECTOR GENERAL

Appropriations, 2025 .....	\$114,665,000
Committee recommendation .....	114,665,000

The Committee provides \$114,665,000 for SSA's OIG. This includes \$82,665,000 funded from the OASI and DI trust funds for those programs' share of OIG's expenses and \$32,000,000 funded from general revenues for the SSI program's share of expenses.

*Combating Social Security Impersonation Scams.*—The Committee continues to commend the work that SSA OIG has done to combat Social Security impersonation scams. The Committee again encourages SSA OIG to prioritize work with SSA to increase awareness of this scam and to pursue the criminals perpetrating this fraud.

## TITLE V

### GENERAL PROVISIONS

Section 501. The bill continues a provision authorizing transfers of unexpended balances.

Section 502. The bill continues a provision limiting funding to 1-year availability unless otherwise specified.

Section 503. The bill continues a provision limiting lobbying and related activities.

Section 504. The bill continues a provision limiting official representation expenses.

Section 505. The bill continues a provision clarifying the requirement to identify Federal funding made available in this act as a component of State and local grant funds in all public materials related to such funds.

Sections 506 and 507. The bill continues provisions limiting the use of funds for abortions.

Section. 508. The bill continues a provision restricting human embryo research.

Section 509. The bill continues a provision limiting the use of funds for promotion of legalization of controlled substances.

Section 510. The bill continues a provision prohibiting the use of funds to promulgate regulations regarding the individual health identifier.

Section 511. The bill continues a provision limiting the use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted.

Section 512. The bill continues a provision prohibiting the transfer of funds made available in this act to any department, agency, or instrumentality of the U.S. Government, except as otherwise provided by this or any other act.

Section 513. The bill continues a provision prohibiting Federal funding in this act for libraries unless they are in compliance with the Children's Internet Protection Act (Public Law 106-554).

Section 514. The bill continues a provision maintaining a procedure for reprogramming of funds.

Section 515. The bill continues a provision prohibiting candidates for scientific advisory committees from having to disclose their political activities.

Section 516. The bill modifies a provision requiring each department and related agency to submit an operating plan.

Section 517. The bill continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a report on the number and amounts of contracts, grants, and cooperative agreements awarded by the Departments on a non-competitive basis.

Section 518. The bill continues a provision prohibiting SSA from processing earnings for work performed under a fraudulent social security number if based on a conviction for a violation under section 208(a)(6) or (7) of the Social Security Act (Public Law 74–271).

Section 519. The bill continues a provision prohibiting SSA from establishing a totalization agreement with Mexico.

Section 520. The bill continues a provision requiring computer networks to block pornography.

Section 521. The bill continues a provision related to reporting requirements for conference spending.

Section 522. The bill continues a provision related to advertisement costs.

Section 523. The bill modifies a provision on Performance Partnerships.

Section 524. The bill continues a provision regarding reporting status of balances of appropriations.

Section 525. The bill modifies a provision on grant notifications.

Section 526. The bill continues a provision regarding funding for programs that carry out distribution of sterile needles or syringes.

Section 527. The bill continues a provision requiring questions for the record be submitted within 45 days of receipt.

Section 528. The bill modifies a provision rescinding funds from the Children's Health Insurance Program child enrollment contingency fund.

Section 529. The bill includes a provision rescinding funds from section 10301 of the Inflation Reduction Act of 2022 (Public Law 117–169).

Section 530. The bill continues a provision related to research and evaluation funding flexibility.

Section 531. The bill includes a new provision regarding funding opportunity announcements and grant awards.

Section 532. The bill includes a new provision regarding workforce notifications.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE  
STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee reports on general appropriations bills identify each Committee amendment to the House bill “which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session.”

The Committee is filing an original bill, which is not covered under this rule, but reports this information in the spirit of full disclosure.

The Committee recommends funding for the following programs and activities which currently lack authorization: Workforce Innovation and Opportunity Act programs; Trade Adjustment Assistance; School-Based Health Centers; Nurse Education Loan Repayment; Education and Training Related to Geriatrics; Mental and Behavioral Health Training; Children’s Hospital Graduate Medical Education; Title XVII of the PHS Act; Ryan White CARE Act; Ending the HIV Epidemic; Universal Newborn Hearing Screening; Organ Transplantation; Family Planning; Rural Health programs; Traumatic Brain Injury programs; Autism Collaboration, Accountability, Research, Education, and Support Act; Public Health Improvement Act; Cybersecurity and National Security programs; Healthy Start; Telehealth; Health Professions Education Partnership Act; Children’s Health Act; Women’s Health Research and Prevention Amendments of 1998; Birth Defects Prevention, Preventive Health Amendments of 1993; Research on Health Costs, Quality, and Outcomes; Substance Use and Mental Health Services programs; Protection and Advocacy for Individuals with Mental Illness; State Opioid Response Grants; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance programs; Child Care and Development Block Grant; Children and Families Services Programs; Head Start; Preschool Development Grants; Runaway and Homeless Youth programs; Adoption and Legal Guardianship Incentive Payments; CAPTA programs; Family Violence programs; National Domestic Violence Hotline; Child Welfare Services; Developmental Disabilities programs; Voting Access for Individuals with Disabilities; Native American Programs; Community Services Block Grant Act programs; National Institutes of Health; Assets for Independence; Alzheimer’s Disease Demonstration Grants; Office of Disease Prevention and Health Promotion; Assistive Technology Act; Elementary and Secondary Education Act of 1965; Rehabilitation Act of 1973 programs; Helen Keller National Center Act; Education of the Deaf Act; Adult Education and Family Literacy Act programs; Education Sciences Reform Act; Parts C and D of the Individuals with Disabilities Education Act; Special Olympics Sport and Empowerment Act of 2004; Corporation for National and Community Service; National Council on Disability; Older Americans Act; Second Chance Act; Work Incentive Planning and Assistance; and Protection and Advocacy for Beneficiaries of Social Security.

COMPLIANCE WITH PARAGRAPH 7(c), RULE XXVI OF THE  
STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on July 31, 2025, the Committee ordered favorably reported an original bill (S. 2587) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2026, and for other purposes, provided, that the bill be subject to amendment and that any amendment increasing budget authority be offset by a reduction of equal or greater budget authority, and provided that the Chair of the Committee or the Chair of the Subcommittee reporting the original bill be authorized to offer the substance of the original bill as a Committee amendment in the nature of a substitute to the House companion measure, by a recorded vote of 26–3, a quorum being present. The vote was as follows:

Yeas	Nays
Chair Collins	Mr. Hagerty
Mr. McConnell	Mr. Murphy
Ms. Murkowski	Mr. Van Hollen
Mr. Graham	
Mr. Moran	
Mr. Hoeven	
Mr. Boozman	
Mrs. Capito	
Mr. Kennedy	
Mrs. Hyde-Smith	
Mrs. Britt	
Mr. Mullin	
Mrs. Fischer	
Mr. Rounds	
Mrs. Murray	
Mr. Durbin	
Mr. Reed	
Mrs. Shaheen	
Mr. Merkley	
Mr. Coons	
Mr. Schatz	
Ms. Baldwin	
Mr. Heinrich	
Mr. Peters	
Mrs. Gillibrand	
Mr. Ossoff	

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE  
STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that the Committee report on a bill or joint resolution repealing or amending any statute or part of any statute include “(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken-through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the Committee.”

In compliance with this rule, changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

**TITLE 29—LABOR**

**CHAPTER 12—DEPARTMENT OF LABOR**

**§ 551. Establishment of Department; Secretary; seal**

There shall be an executive department in the Government to be called the Department of Labor, with a Secretary of Labor, who shall be the head thereof, to be appointed by the President, by and with the advice and consent of the Senate, and whose tenure of office shall be like that of the heads of the other executive departments. The provisions of title 4 of the Revised Statutes, including all amendments thereto, shall be applicable to said department. The purpose of the Department of Labor shall be to foster, promote, and develop the welfare of the wage earners of the United States, to improve their working conditions, and to advance their opportunities for profitable employment. The said Secretary shall cause a seal of office to be made for the said department of such device as the President shall approve and judicial notice shall be taken of the said seal.

(a) *IN GENERAL.*—*The Secretary of Labor is authorized to employ law enforcement officers or special agents to—*

*(1) provide protection for the Secretary of Labor during the workday of the Secretary and during any activity that is preliminary or postliminary to the performance of official duties by the Secretary;*

*(2) provide protection, incidental to the protection provided to the Secretary, to a member of the immediate family of the Secretary who is participating in an activity or event relating to the official duties of the Secretary;*

*(3) provide continuous protection to the Secretary (including during periods not described in paragraph (1)) and to the members of the immediate family of the Secretary if there is a unique and articulable threat of physical harm, in accordance with guidelines established by the Secretary; and*

(4) *provide protection to the Deputy Secretary of Labor or another senior officer representing the Secretary of Labor at a public event if there is a unique and articulable threat of physical harm, in accordance with guidelines established by the Secretary.*

(b) *AUTHORITIES.*—*The Secretary of Labor may authorize a law enforcement officer or special agent employed under subsection (a), for the purpose of performing the duties authorized under subsection (a), to—*

- (1) carry firearms;*
- (2) make arrests without a warrant for any offense against the United States committed in the presence of such officer or special agent;*
- (3) perform protective intelligence work, including identifying and mitigating potential threats and conducting advance work to review security matters relating to sites and events;*
- (4) coordinate with local law enforcement agencies; and*
- (5) initiate criminal and other investigations into potential threats to the security of the Secretary, in coordination with the Inspector General of the Department of Labor.*

(c) *COMPLIANCE WITH GUIDELINES.*—*A law enforcement officer or special agent employed under subsection (a) shall exercise any authority provided under this section in accordance with any—*

- (1) guidelines issued by the Attorney General; and*
- (2) guidelines prescribed by the Secretary of Labor.*



## BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO  
SEC. 308(A), PUBLIC LAW 93-344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Committee allocation <sup>1</sup>	Amount in bill	Committee allocation <sup>1</sup>	Amount in bill
Comparison of amounts in the bill with the subcommittee allocation for 2026: Subcommittee on Labor, HHS, Education, and Related Agencies:				
Mandatory .....		1,362,476		<sup>2</sup> 1,353,213
Discretionary .....		196,974		<sup>2</sup> 236,113
Defense .....				
Non-defense .....		196,974		236,113
Projection of outlays associated with the recommendation:				
2026 .....				<sup>3</sup> 1,418,838
2027 .....				114,590
2028 .....				25,317
2029 .....				4,171
2030 and future years .....				(1,901)
Financial assistance to State and local governments for 2026 .....	NA	597,802	NA	<sup>3</sup> 735,641

<sup>1</sup> As of the date that this bill was reported, there is no section 302(a) allocation to the Committee on Appropriations for fiscal year 2026.

<sup>2</sup> Includes outlays from prior-year budget authority.

<sup>3</sup> Excludes outlays from prior-year budget authority.

NA: Not applicable.

NOTE.—Totals exclude funding recommended in the bill for continuing disability reviews and redeterminations, for health care fraud and abuse control, and for reemployment services and eligibility assessments in accordance with subparagraphs (B), (C), and (E) of the Balanced Budget and Emergency Deficit Control Act of 1985. Pursuant to section 1001(b)(3)(B) of the 21st Century Cures Act (Public Law 114-255), \$226,000,000 in budget authority and the resulting outlays do not count for the purposes of estimates under the Congressional Budget and Impoundment Control Act of 1974 or the Balanced Budget and Emergency Deficit Control Act of 1985.

## DISCLOSURE OF CONGRESSIONALLY DIRECTED SPENDING ITEMS

The Constitution vests in the Congress the power of the purse. The Committee believes strongly that Congress should make the decisions on how to allocate the people's money. As defined in Rule XLIV of the Standing Rules of the Senate, the term "congressionally directed spending item" means a provision or report language included primarily at the request of a Senator, providing, authorizing, or recommending a specific amount of discretionary budget authority, credit authority, or other spending authority for a contract, loan, loan guarantee, grant, loan authority, or other expenditure with or to an entity, or targeted to a specific State, locality or congressional district, other than through a statutory or administrative, formula-driven, or competitive award process.

For each item, a Member is required to provide a certification that neither the Member nor the Member's immediate family has a pecuniary interest in such congressionally directed spending item. Such certifications are available to the public on the website of the Senate Committee on Appropriations (<https://www.appropriations.senate.gov/congressionally-directed-spending-requests>). Following is a list of congressionally directed spending items included in the Senate recommendation discussed in this explanatory statement, along with the name of each Senator who submitted a request to the Committee of jurisdiction for each item so identified. Neither the Committee recommendation nor this report contains any limited tax benefits or limited tariff benefits as defined in rule XLIV.

## CONGRESSIONALLY DIRECTED SPENDING ITEMS

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	2nd LT RICHARD W COLLINS III FOUNDATION, MD, for educational programming, including coursework and internships	\$50,000	Van Hollen
Department of Labor	Employment and Training Administration	Alaska Joint Electrical Apprenticeship and Training Trust, AK, to provide federally registered apprenticeship training	1,000,000	Murkowski
Department of Labor	Employment and Training Administration	AltMed Health Services Corporation, CA, for healthcare workforce training, including tuition and fees and purchasing equipment and training materials	995,000	Padilla
Department of Labor	Employment and Training Administration	Applied Behavioral Rehabilitation Institute, Inc., CT, for workforce development, including supportive services for veterans	120,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Arizona Commission of African-American Affairs, AZ, to expand workforce training, including stipends, supportive services, rentals, and equipment	300,000	Gallego, Kelly
Department of Labor	Employment and Training Administration	AS220, RI, for workforce training, including stipends and tuition	1,120,000	Reed, Whitehouse
Department of Labor	Employment and Training Administration	ASI, Inc., IL, to expand workforce development, including purchasing equipment and providing supportive services	750,000	Durbin
Department of Labor	Employment and Training Administration	Association for the Education of Young Children—Southeast Alaska, AK, to expand a child care apprenticeship program	500,000	Murkowski
Department of Labor	Employment and Training Administration	Baltimore Alliance for Careers in Healthcare, MD, for an apprenticeship program, including supportive services	579,000	Alsobrooks, Van Hollen
Department of Labor	Employment and Training Administration	Bay Consortium Workforce Development Board, VA, for improving education and workforce training, which may include the purchase of technology and equipment	354,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Bean's Cafe, AK, to fund a job training program	600,000	Murkowski
Department of Labor	Employment and Training Administration	Best Buddies International, Inc., NJ, for expanding workforce training, including rent, supplies, and supportive services	250,000	Kim

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Boys & Girls Club of the Northern Plains Inc., SD, to upgrade and expand early learning centers	2,000,000	Rounds
Department of Labor	Employment and Training Administration	BuildStrong Academy of Colorado, CO, for expanding workforce training, including the purchase of equipment, hiring instructors, and providing support services	750,000	Bennet, Hickenlooper
Department of Labor	Employment and Training Administration	CCARC, Inc., CT, for supporting a manufacturing internship program and workforce development	189,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Cecil College, MD, for improving commercial truck driver workforce training, including the purchase of equipment	109,000	Alsobrooks
Department of Labor	Employment and Training Administration	Central Georgia Technical College Foundation, GA, for workforce training for veterans, including providing supportive services and temporary housing	300,000	Ossoff
Department of Labor	Employment and Training Administration	Central Minnesota Jobs and Training Services, Inc., MN, for workforce development programs, which may include purchasing equipment	255,000	Klobuchar, Smith
Department of Labor	Employment and Training Administration	Central Oregon Community College, OR, for expanding firefighter workforce training, including the purchase of equipment	800,000	Merkley, Wyden
Department of Labor	Employment and Training Administration	City of New Haven, CT, for a career learning center, including the purchase of equipment and lab materials	2,483,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Cloud County Community College, KS, to purchase advanced technology equipment and network infrastructure for technical education	708,000	Moran
Department of Labor	Employment and Training Administration	College of Southern Maryland, MD, for education and training in water and wastewater treatment programs, including the purchase of supplies	732,000	Alsobrooks
Department of Labor	Employment and Training Administration	Columbus Technical College, GA, for workforce development including the purchase of equipment	897,000	Ossoff, Warnock
Department of Labor	Employment and Training Administration	CT Puerto Rican Forum dba Center for Latino Progress, CT, Funding for workforce development programming, which may include stipends and purchase of equipment	1,184,000	Blumenthal, Murphy

Department of Labor	Employment and Training Administration	DAY ONE Early Learning Community, Inc., NY, for establishing a teacher apprenticeship program, including rental costs and purchasing equipment	1,800,000	Gillibrand, Schumer
Department of Labor	Employment and Training Administration	Detroit Public Schools Community District, MI, to improve education and workforce training, including the purchase of equipment	1,000,000	Peters
Department of Labor	Employment and Training Administration	Dorcas International Institute of Rhode Island, RI, for workforce training, including the purchase of supplies	680,000	Reed
Department of Labor	Employment and Training Administration	DownCity Design, RI, for expanding career pathways programs, including providing stipends and purchasing equipment	100,000	Reed
Department of Labor	Employment and Training Administration	Downriver Community College, MI, for workforce training, including providing supportive services	750,000	Peters
Department of Labor	Employment and Training Administration	Drink at the Well, Inc., MD, for expanding workforce development programming, purchasing equipment, and providing wrap around services, including child care	175,000	Van Hollen
Department of Labor	Employment and Training Administration	Early Childhood Center of Excellence at Santa Fe Community College, NM, for expanding apprenticeships and pre-apprenticeships, including providing stipends	273,000	Heinrich
Department of Labor	Employment and Training Administration	Educate Maine, ME, to purchase manufacturing and engineering equipment for Career and Technical Education schools	2,000,000	Collins, King
Department of Labor	Employment and Training Administration	Elliot Health System, NH, for improving healthcare workforce training, including by providing scholarships	460,000	Shaheen
Department of Labor	Employment and Training Administration	Fairbanks Pipeline Training Center Trust, AK, to fund training equipment for constructing and maintaining pipelines	2,500,000	Murkowski
Department of Labor	Employment and Training Administration	Forge City Works, CT, for a culinary workforce training program, including supportive services, purchasing equipment and supplies	500,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Fund for the City of New York (Fiscal Sponsor of New York City Employment and Training Coalition), NY, for workforce training	125,000	Schumer
Department of Labor	Employment and Training Administration	Goodwill Industries of the Valleys, VA, for education and workforce training, which may include the purchase of classroom supplies and equipment	1,800,000	Kaine, Warner

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Goodwill of Greater Washington, MD, for expanding workforce training, including providing stipends	1,000,000	Alsobrooks, Van Hollen
Department of Labor	Employment and Training Administration	Goodwill of North Georgia, GA, for workforce training, including the purchase of equipment and tuition	1,950,000	Ossoff, Warnock
Department of Labor	Employment and Training Administration	Greater Lake City Alliance, SC, to expand a workforce training program	734,000	Graham
Department of Labor	Employment and Training Administration	Greater Roanoke Workforce Development Board, VA, for expanding apprenticeships and youth apprenticeships, including rent and the purchase of equipment	737,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Hanley Center for Health Leadership and Education DBA Maine Medical Education Trust, ME, to support certified nursing assistant training for long-term care	1,000,000	Collins, King
Department of Labor	Employment and Training Administration	Hire Heroes USA, GA, for workforce training for veterans, transitioning service members and military spouses	520,000	Ossoff, Warnock
Department of Labor	Employment and Training Administration	Ilisagvik College, AK, to expand Ilisagvik College's Workforce Development program	250,000	Murkowski
Department of Labor	Employment and Training Administration	International Institute of New England, NH, for workforce training in early childhood education	470,000	Shaheen
Department of Labor	Employment and Training Administration	Iron Workers Local Union No. 8 Joint Apprenticeship and Advanced Journeyman Training Trust Fund, WI, for expanding apprenticeships, including the purchase of equipment	700,000	Baldwin
Department of Labor	Employment and Training Administration	Jackson County Airport-Reynolds Field, MI, for improving aviation maintenance training, including the purchase of equipment	500,000	Peters
Department of Labor	Employment and Training Administration	JEVS Human Services, PA, for healthcare workforce training, including purchasing supplies and equipment	220,000	Fetterman
Department of Labor	Employment and Training Administration	Jobs & Hope West Virginia, WV, funding to support wage reimbursements	750,000	Justice
Department of Labor	Employment and Training Administration	Knox, Inc., CT, for an apprenticeship program, including stipends	231,000	Blumenthal, Murphy

Department of Labor	Employment and Training Administration	Lincoln University of Pennsylvania, PA, for expanding workforce training, including purchasing equipment and providing supportive services	1,000,000	Fetterman
Department of Labor	Employment and Training Administration	Literacy Pittsburgh, PA, for workforce training and career development programs, including for purchasing equipment and supplies	250,000	Fetterman
Department of Labor	Employment and Training Administration	Lomakatsi Restoration Project, OR, for an inter-tribal forestry workforce training program, including the purchase of equipment and tools	1,300,000	Merkley, Wyden
Department of Labor	Employment and Training Administration	Los Angeles Conservation Corps, CA, for workforce training, including transportation	969,000	Padilla, Schiff
Department of Labor	Employment and Training Administration	Lutheran Immigration and Refugee Service DBA Global Refugee, MD, for expanding workforce development programming, including supportive services	300,000	Van Hollen
Department of Labor	Employment and Training Administration	Madison Area Technical College, WI, for improving workforce development for nursing, health, and EMS programs, including the purchase of equipment	660,000	Baldwin
Department of Labor	Employment and Training Administration	Massachusetts Down Syndrome Congress, MA, for workforce training, including equipment and participant stipends	722,000	Markey, Warren
Department of Labor	Employment and Training Administration	Mesalands Community College, NM, for improving workforce training, including the purchase of equipment	4,000,000	Heinrich
Department of Labor	Employment and Training Administration	Michigan AFL-CIO Workforce Development Institute, MI, for expanding workforce training, including the purchase of equipment	2,000,000	Stolkin
Department of Labor	Employment and Training Administration	Mic-Atlantic States Career and Education Center, NJ, for improving workforce training, including the purchase of equipment	137,000	Booker
Department of Labor	Employment and Training Administration	Mississippi Coding Academies, MS, funding for a digital workforce training program	700,000	Hyde-Smith
Department of Labor	Employment and Training Administration	Mississippi State University, MS, to expand a workforce training program for skilled manufacturing	5,320,000	Hyde-Smith, Wicker
Department of Labor	Employment and Training Administration	Mixed Magic Theatre & Cultural Events, RI, for a workforce training program, including providing stipends and purchasing supplies	100,000	Reed
Department of Labor	Employment and Training Administration	Moraine Park Technical College, WI, for improving education and workforce training, including the purchase of equipment	1,325,000	Baldwin

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	MS Department of Archives and History, MS, funding to establish a workforce training field school	500,000	Hyde-Smith, Wicker
Department of Labor	Employment and Training Administration	National Forest Foundation, NM, for supporting workforce training and a conservation corps, including the purchase of equipment and supplies	500,000	Luján
Department of Labor	Employment and Training Administration	New Mexico Reentry Center, NM, for providing workforce training programs, including the purchase of equipment	150,000	Heinrich
Department of Labor	Employment and Training Administration	Northwest Regional Workforce Investment Board, CT, for a reentry workforce training program, which includes providing supportive services	500,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	NPower Inc., MD, for expanding workforce training, including providing stipends and purchasing equipment	750,000	Van Hollen
Department of Labor	Employment and Training Administration	Operation Stand Down Rhode Island, RI, for a workforce training program for veterans including purchasing equipment and providing supportive services	400,000	Reed, Whitehouse
Department of Labor	Employment and Training Administration	Pacific Northwest Ironworkers and Employers Apprenticeship and Training Trust, AK, to fund workforce opportunities in rural Alaska	1,000,000	Murkowski
Department of Labor	Employment and Training Administration	Plattsburgh-North Country Chamber of Commerce, NY, for workforce training, including supportive services	350,000	Gillibrand, Schumer
Department of Labor	Employment and Training Administration	Polytech Adult Education, DE, for expanding workforce training, including the purchase of equipment	1,542,000	Coons
Department of Labor	Employment and Training Administration	Renewable Energy Alaska Project, AK, to fund a job training program	730,000	Murkowski
Department of Labor	Employment and Training Administration	Roxbury Community College, MA, for improving education and workforce training, including purchasing equipment, providing financial aid and scholarships, and purchasing technology	2,000,000	Markey, Warren
Department of Labor	Employment and Training Administration	Rural Alaska Community Action Program, AK, to provide childcare support and training in rural Alaska	1,264,000	Murkowski



Department of Labor	Employment and Training Administration	San Juan College, NM, for supporting workforce training for commercial drivers, including the purchase of vehicles for a training program	1,000,000	Luján
Department of Labor	Employment and Training Administration	Sealaska Heritage Institute, AK, to fund a job training program	500,000	Murkowski
Department of Labor	Employment and Training Administration	SMART Local Union No. 49 IATC, NM, for expanding apprenticeship programs, including the purchase of equipment	1,200,000	Heinrich
Department of Labor	Employment and Training Administration	Southern Virginia Higher Education Center, VA, for technology workforce training, including the purchase of equipment	751,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Southwest Washington Workforce Development Council, dba Workforce Southwest Washington, WA, for education and workforce development programming, including supportive services and tuition	1,000,000	Murray
Department of Labor	Employment and Training Administration	Survivor Ventures, DE, for workforce training, including supportive services and wage subsidies	257,000	Blunt Rochester
Department of Labor	Employment and Training Administration	Survivor Ventures, VA, for providing workforce development, which may include providing supportive services and financial aid	405,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Tech Goes Home Incorporated, MA, for workforce development in digital skills and digital literacy, including the purchase of equipment and technology	800,000	Markey, Warren
Department of Labor	Employment and Training Administration	The Arc Alliance, PA, for workforce training activities and improving services for individuals with disabilities, including the purchase of equipment	200,000	Fetterman
Department of Labor	Employment and Training Administration	The Arc Montgomery County, Inc., MD, for a workforce training program, including stipends	150,000	Alsobrooks
Department of Labor	Employment and Training Administration	The Arizona Office of Economic Opportunity, AZ, for apprenticeship expansion, including purchasing equipment and providing tuition	2,000,000	Gallego, Kelly
Department of Labor	Employment and Training Administration	The Chrysalis Center, CA, for workforce training, which may include scholarships and other supportive services	405,000	Padilla
Department of Labor	Employment and Training Administration	The Economic Development Corporation Serving Fresno County, CA, for workforce training, including the purchase of equipment	2,304,000	Schiff

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	The Precision Institute, DE, for expanding workforce training, including purchasing equipment and providing stipends	1,100,000	Coons
Department of Labor	Employment and Training Administration	The Training Source, Inc., MD, for workforce training and career counseling, including stipends	289,000	Asobrooks, Van Hollen
Department of Labor	Employment and Training Administration	Thread, AK, to provide TA and training for childcare centers	500,000	Murkowski
Department of Labor	Employment and Training Administration	Trying Together, PA, for expanding workforce training, including supportive services	500,000	Fetterman
Department of Labor	Employment and Training Administration	Uintah Basin Technical College, UT, funding to purchase two mobile trailer vehicles and provide training	1,000,000	Curtis
Department of Labor	Employment and Training Administration	University of Alaska Anchorage, AK, to expand a course of study for aviation maintenance technology	1,000,000	Murkowski
Department of Labor	Employment and Training Administration	University of Alaska Anchorage, AK, to fund workforce training opportunities for students	315,000	Murkowski
Department of Labor	Employment and Training Administration	University of Alaska Southeast, AK, to fund a job training program	160,000	Murkowski
Department of Labor	Employment and Training Administration	University of California, Merced, CA, for medical education, including the purchase of equipment	3,500,000	Padilla, Schiff
Department of Labor	Employment and Training Administration	University of Rhode Island Research Foundation dba Polaris MEP, RI, for advanced manufacturing workforce development, including the purchase of equipment	560,000	Whitehouse
Department of Labor	Employment and Training Administration	Urban League of Greater Atlanta (ULGA), GA, for workforce development, including stipends, supportive services, rent, and purchasing equipment	1,204,000	Ossoff, Warnock
Department of Labor	Employment and Training Administration	Veterans Watchmaker Initiative, DE, for workforce training for veterans, including the purchase of equipment	444,000	Coons
Department of Labor	Employment and Training Administration	VIPER Transitions, AK, to expand a veteran career services program	1,095,000	Murkowski

Department of Labor	Employment and Training Administration	Visiting Nurse Association Health Group, NJ, for improving health care workforce training, including purchasing equipment, providing tuition support, and providing supportive services	1,000,000	Booker, Kim
Department of Labor	Employment and Training Administration	Wide Angle Youth Media, MD, for a pre-apprenticeship program, including providing stipends and purchasing supplies and technology	712,000	Van Hollen
Department of Labor	Employment and Training Administration	Women's Rights Information Center, NJ, for expanding workforce training, including purchasing equipment and providing supportive services	461,000	Booker, Kim
Department of Labor	Employment and Training Administration	Workforce Development Board of South Central Wisconsin, WI, for apprenticeship support, including apprenticeship navigators	970,000	Baldwin
Department of Labor	Employment and Training Administration	Workforce Development Council of Seattle King County, WA, for workforce development for healthcare workers including providing supportive services	1,000,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Abraham Baldwin Agricultural College, GA, for facilities and equipment to improve rural nurse education	424,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	Addictions Recovery Center, Inc. (ARC), OR, for facilities and equipment to construct a residential treatment facility	1,400,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Adelante Healthcare, Inc., AZ, for facilities and equipment to expand a health center	2,500,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	AdventHealth Redmond, GA, for equipment to provide ambulance services	934,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	AdventHealth Shawnee Mission, KS, for facilities and equipment to expand high-risk maternal fetal clinic	1,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	AIDS Resource Alliance, Inc., PA, for equipment to purchase a mobile clinic	375,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Alaska—Division of Public Health State Medical Examiner's Office, AK, for facilities and equipment for acquisition and installation of x-ray imaging machine	550,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Alaska Native Tribal Health Consortium, AK, for facilities and equipment to renovate and upgrade operating room recovery space and perioperative bays	1,500,000	Murkowski

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Alaska Primary Care Association, AK, to establish the Alaska Graduate Medical Education (GME) council and support GME expansion	2,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Albany Area Primary Health Care, Inc., GA, for facilities and equipment to expand a medical center	1,806,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Alternative Community Resource Program, PA, for facilities and equipment to renovate a behavioral health clinic	1,000,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Amador Health Center, Inc., NM, for facilities and equipment to construct counseling space	516,000	Luján
Department of Health & Human Services	Health Resources and Services Administration	Amani Center, OR, for facilities and equipment to construct a child services center	1,023,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Amherst H. Wilder Foundation, MN, for facilities and equipment to expand access to substance use disorder treatment	1,500,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Ammonosuc Community Health Services, Inc., NH, for facilities and equipment to weatherize and improve accessibility for a health clinic	250,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Amoskeag Health, NH, for equipment to improve clinic safety and establish a new service site	485,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Anchorage Community Mental Health Services Inc dba Alaska Behavioral Health, AK, for facilities and equipment to renovate facilities in Anchorage and Fairbanks to allow expanded mental health residential treatment	1,950,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Anchorage Fire Department, AK, for facilities and equipment to construct a decontamination unit	1,090,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Anderson Center for Autism, NY, for facilities and equipment to install a septic system	1,064,000	Gillibrand

Department of Health & Human Services	Health Resources and Services Administration	AnMed Health System, SC, for acquisition of imaging, lab, and pharmacy equipment	3,800,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Archways, NH, for facilities and equipment to improve access to substance use disorder treatment	300,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Arkansas Department of Health, AR, for the acquisition of clinical practice technology, remote patient health tools, telehealth hardware and software, and electronic medical records upgrades	13,300,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	Arkansas State University Newport, AR, for facilities and equipment for Nursing and Health Professions Facility and purchase of academic, telehealth, mental health, and student health and wellness technology	7,700,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	Arkansas State University, AR, for facilities and equipment for construction of Mental and Maternal-Infant Healthcare Simulation Building	9,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	Athens Model Neighborhood Health Center, Inc., GA, for equipment to purchase mobile units	1,001,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Atlantic Health System, NJ, for facilities and equipment to expand access to mammography services	750,000	Booker
Department of Health & Human Services	Health Resources and Services Administration	AtlanticCare Health System, NJ, for facilities and equipment to provide an emergency power supply	1,000,000	Booker
Department of Health & Human Services	Health Resources and Services Administration	Augusta University, GA, for equipment to improve cancer treatment	800,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Augusta University, GA, for equipment to support training of medical students	630,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	Avera Health, SD, for facilities and equipment to support the acquisition and installation of fixed PET/CT scanner and linear accelerators	10,175,000	Rounds
Department of Health & Human Services	Health Resources and Services Administration	Bailey's Crossroads Health Access Partnership, Inc. (D/B/A Culmore Clinic), VA, for facilities and equipment to construct a new medical clinic	550,000	Kaine, Warner

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Bath Community Hospital, VA, for equipment to purchase an ambulance	289,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Bayfield County, WI, for establishing a rural first-responders program	300,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Beebe Medical Center, DE, for facilities and equipment to construct a primary care clinic	1,775,000	Coons
Department of Health & Human Services	Health Resources and Services Administration	Behavioral Health and Developmental Services of Strafford County, Inc., NH, for facilities and equipment to improve access to behavioral health services	110,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Bennett County Hospital & Nursing Home, SD, for facilities and equipment for new hospital construction that will support emergency services, primary care, swing bed services, behavioral health programs, and other ancillary services	2,551,000	Rounds
Department of Health & Human Services	Health Resources and Services Administration	Blood Bank of Hawaii, HI, for equipment to purchase a blood donation center	1,000,000	Hirono
Department of Health & Human Services	Health Resources and Services Administration	Blue Mountain Heart to Heart, WA, for facilities and equipment to increase access to substance use disorder treatment	1,000,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Board of Trustees of the University of Illinois, IL, for facilities and equipment to expand a dental clinic	700,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Bridgton Hospital, ME, for facilities and equipment to renovate, expand, and provide diagnostic and patient room equipment for the Emergency Department	5,000,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Brightpoint Community College, Midlothian and Chester Virginia, VA, for facilities and equipment to support health professions training	296,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Bucksport Regional Health Center, ME, for facilities and equipment to support construction, renovation, and purchase of dental equipment to expand dental services	1,980,000	Collins

Department of Health & Human Services	Health Resources and Services Administration	Bullhead City Fire District, AZ, for equipment to provide ambulance services	294,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	C.A.R.E. Clinic, MN, for facilities and equipment to improve training for health professionals	1,100,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Calais Community Hospital, ME, for facilities and equipment to expand Rural Health Clinic	4,990,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Camai Community Health Center, AK, for facilities and equipment to expand and modernize health center for mental health, emergency services, and diagnostic capabilities and provide critical infrastructure upgrades	3,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Cameron County Ambulance Service, Inc., PA, for equipment to provide ambulance services	250,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Caring Hands Healthcare Centers Inc., OK, for facilities and equipment to support construction of new primary care clinic	950,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	CCYSB, MD, for facilities and equipment to expand a behavioral health and substance use treatment facility	1,000,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Centenary College, LA, for facilities and equipment for construction and renovation for the Centenary College School of Health Sciences	10,000,000	Cassidy, Kennedy
Department of Health & Human Services	Health Resources and Services Administration	Center Senior Living, WA, for facilities and equipment for an assisted living facility	1,000,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Central Arizona Fire and Medical Authority, AZ, for equipment to provide ambulance services	750,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Central Maine Highland Fire & EMS District 1, ME, for equipment to purchase new ambulances for regional EMS	1,875,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Charleston Area Medical Center, WV, for equipment for technical infrastructure upgrades and cybersecurity technology	15,000,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	CHI Memorial Hospital—Georgia, GA, for equipment to improve patient monitoring and emergency response	964,000	Ossoff, Warnock

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Children's Inn at NIH, Inc., MD, for facilities and equipment to construct residential spaces for pediatric patients	620,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Children's National Medical Center, MD, for equipment to expand access to pediatric care through a mobile unit	600,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Children's Oral Health Network of Maine, ME, for acquisition of equipment to train dental hygienists	525,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Christiana Care Health Services, DE, for facilities and equipment to construct an urgent care facility	4,008,000	Coons
Department of Health & Human Services	Health Resources and Services Administration	Circle the City, AZ, for facilities and equipment to expand a health center	840,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	City of Bridgeton, NJ, for equipment to expand rural healthcare and purchase an ambulance	435,000	Kim
Department of Health & Human Services	Health Resources and Services Administration	City of Carlin Volunteer Fire Department, NV, for equipment to improve cardiac care	98,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	City of Chicago, IL, for facilities and equipment to construct a senior center	2,000,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	City of Clarksburg, WV, for renovations, functional fitness equipment, development of training, and conducting cancer screenings to support City of Clarksburg's Cancer Screening for Firefighters program	214,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	City of East Point, GA, for equipment to provide ambulance services	302,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	City of Enterprise, AL, for facilities and acquisition to purchase and install surgical robot	3,000,000	Britt



Department of Health & Human Services	Health Resources and Services Administration	City of Fairbanks, AK, for equipment to purchase medical ambulance bus and emergency medical equipment	728,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	City of Lexington, VA, for facilities and equipment to construct a primary care clinic	2,500,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	City of Maricopa, AZ, for equipment to provide ambulance services	867,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	City of Meadville Fire Department, PA, for acquisition of vehicles, cardiac technology, and telehealth equipment and to support personnel for a new Mobile Integrated Health unit	1,180,000	McCormick
Department of Health & Human Services	Health Resources and Services Administration	City of O'Neill, NE, for facilities and equipment for construction to support replacement and installation of boiler and water heating systems	3,500,000	Fischer
Department of Health & Human Services	Health Resources and Services Administration	City of Valdosta, GA, for equipment to purchase a vehicle	328,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	City of Wells, NV, for facilities and equipment to expand primary care services and purchase a vehicle	227,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	City of Winslow, AZ, for a rural emergency response program and purchase of defibrillators	68,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Clackamas County, OR, for facilities and equipment to improve access to substance use disorder services	2,500,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Clinch County Hospital Authority, GA, for equipment to provide imaging and ambulance services	450,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Coastal Carolina University, SC, for acquisition of nurse simulation laboratory equipment and nursing and health sciences education and training equipment	2,400,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	CODAC Behavioral Healthcare, RI, for facilities and equipment to improve accessibility	851,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Cold Spring Harbor Laboratory, NY, for equipment to support neurodegenerative disease research	2,000,000	Schumer

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Colorado State University, CO, for facilities and equipment to support a nurse training program	1,500,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Columbus Consolidated Government, GA, for equipment to provide healthcare to veterans and software purchases	216,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Community Clinic of Maui, Inc. dba Malama I Ke Ola Health Center, HI, for facilities and equipment for health information infrastructure and an electronic health records system	1,536,000	Hirono
Department of Health & Human Services	Health Resources and Services Administration	Community College of Rhode Island, RI, for facilities and equipment to expand health care training facilities	2,390,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Community Dental, ME, for facilities and equipment to expand dental services	2,334,000	King
Department of Health & Human Services	Health Resources and Services Administration	Community Health Care Systems, Inc., GA, for equipment to purchase a mobile clinic	472,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Community Health Care, Inc., IL, for equipment to improve dental services	328,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Community Health Connections Inc., MA, for facilities and equipment to improve accessibility	1,500,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Concord University, WV, for facilities and equipment for construction of the Center for Rural Healthcare Workforce Solutions	7,500,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	Concordia University, Inc., WI, for facilities and equipment to renovate nurse training facilities	753,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians, OR, for facilities and equipment to renovate a behavioral health facility	1,030,000	Merkey, Wyden

Department of Health & Human Services	Health Resources and Services Administration	Conway Medical Center, SC, for acquisition of Emergency Department equipment	1,410,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Coos County Administration, NH, for facilities and equipment to improve building security	415,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Coosa County Emergency Medical Service, AL, for equipment for purchase of new ambulance	300,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Copper Canyon Fire & Medical District, AZ, for equipment to purchase an ambulance, power load system and gurney	320,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Copper River EMS Council, AK, to support Copper River EMS Council for providing emergency health services	291,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Cordova Community Medical Center, AK, for facilities and equipment for critical infrastructure and medical equipment upgrades	3,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Coteau des Prairies Hospital, SD, for facilities and equipment for replacement and installation of boilers and pump systems	1,099,000	Rounds
Department of Health & Human Services	Health Resources and Services Administration	Coteau des Prairies Hospital, SD, for facilities and equipment for replacement and installation of chiller system	683,000	Rounds
Department of Health & Human Services	Health Resources and Services Administration	Cottage Hospital, NH, for facilities and equipment to remove and replace an oil tank	76,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	County of Cheshire Administration, NH, for facilities and equipment to install an emergency communication system	936,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	County of Mono, CA, for facilities and equipment to renovate emergency facilities	1,340,000	Padilla, Schiff
Department of Health & Human Services	Health Resources and Services Administration	Crisp Regional Hospital, GA, for facilities and equipment to replace boilers and fire alarm systems	1,000,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	CrossOver Healthcare Ministry, VA, for facilities and equipment to expand access to dental services	400,000	Kaine, Warner

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Culman Regional Medical Center, AL, for facilities and equipment to purchase and install surgical robot	2,500,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Daily Planet Health Services, VA, for facilities and equipment to replace HVAC systems	351,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Dar a Luz Birth Center, NM, for facilities and equipment to expand a birth center	2,677,000	Heinrich
Department of Health & Human Services	Health Resources and Services Administration	Dartmouth Health, NH, for facilities and equipment to construct a perinatal substance use stabilization unit	900,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Day One, RI, for facilities and equipment to repair a roof	990,000	Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Delaware Health Empowerment Coalition, DE, for facilities and equipment to construct primary care clinics	2,600,000	Blunt Rochester, Coons
Department of Health & Human Services	Health Resources and Services Administration	Delta Ambulance, ME, for equipment to purchase new ambulances and emergency medical equipment	655,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Denver Health & Hospital Authority, CO, for facilities and equipment for building improvements	3,000,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Deschutes County, OR, for facilities and equipment to construct a child psychiatric facility	1,304,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Desert Hills Fire District, AZ, for equipment to improve cardiac care	210,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Dorchester County, SC, for facilities and equipment for site work to support a mobile MRI unit and the acquisition of x-ray machinery	709,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	DotHouse Health Inc., MA, for facilities and equipment to replace HVAC systems and roofing	486,000	Markey, Warren

Department of Health & Human Services	Health Resources and Services Administration	Dr. Terry Sinclair Health Clinic, VA, for facilities and equipment to renovate an exam room	490,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Eagle View Community Health System, IL, for facilities and equipment, including a mobile clinic	525,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	East Adams Rural Health, WA, for facilities and equipment to construct a health and wellness center	1,500,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Easter Seals New Jersey Inc., NJ, for equipment and supplies to improve accessibility	241,000	Booker, Kim
Department of Health & Human Services	Health Resources and Services Administration	Eastern Maine Community College, ME, for facilities and equipment for construction/renovation of nursing and allied health facility	6,510,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Eastern Maine Healthcare Systems DBA Northern Light Health, ME, for acquisition of labor and delivery equipment	1,599,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Emory University, GA, for equipment for a neonatal intensive care unit	476,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Evergreen Treatment Services, WA, for facilities and equipment to increase access to substance use disorder treatment	3,040,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	EvergreenHealth Monroe, WA, for facilities and equipment to build and renovate specialty care spaces	1,500,000	Cantwell, Murray
Department of Health & Human Services	Health Resources and Services Administration	Fairfax County Government, VA, for facilities and equipment to construct a regional crisis facility to address behavioral health needs	850,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Family & Children's Aid, Inc., CT, for facilities and equipment to increase accessibility of a clinic	350,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Family and Children's Center of Wisconsin, WI, for facilities and equipment to construct a mental health diagnostic center	1,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Family Health Center of Marshfield, Inc., WI, for facilities and equipment to construct a comprehensive primary care clinic	2,000,000	Baldwin

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Family Justice Center Council, DE, for facilities and equipment to provide services for victims of abuse	2,600,000	Blunt Rochester
Department of Health & Human Services	Health Resources and Services Administration	Faulkner University, AL, for equipment for mobile care clinics	1,305,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Ferris State University, MI, for facilities and equipment to renovate clinical and teaching space	1,950,000	Peters
Department of Health & Human Services	Health Resources and Services Administration	Florence-Darlington Technical College, SC, for acquisition of nursing equipment to support Nursing and Allied Health Programs	1,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Floyd Healthcare Management, Inc. d/b/a/ Atrium Health Floyd, GA, for facilities and equipment to improve diagnostic services	1,500,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	For All Seasons, Inc., MD, for facilities and equipment to expand access to behavioral health services	1,000,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Frontier Behavioral Health, WA, for facilities and equipment to construct a primary care and behavioral health clinic	2,000,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Gallup Community Health, NM, for facilities and equipment to expand behavioral and specialty care services	750,000	Heinrich, Luján
Department of Health & Human Services	Health Resources and Services Administration	Gannon University, PA, for facilities and equipment for construction of two laboratories for cancer treatment, education, and research	500,000	McCormick
Department of Health & Human Services	Health Resources and Services Administration	Georgia State University, GA, for equipment to purchase a mobile clinic	1,350,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	GLTC Adolescent Wellness Recovery Center, WI, for facilities and equipment to construct a residential treatment center	4,700,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Gloucester Mathews Care Clinic, VA, for facilities and equipment to create a nursing station and improve building infrastructure	151,000	Kaine, Warner

Department of Health & Human Services	Health Resources and Services Administration	Goldier Ranch Fire District, AZ, for equipment to purchase a vehicle and rescue equipment	200,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Grady Memorial Hospital Corporation, GA, for equipment to purchase a mobile unit	250,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	Grand Itasca Clinic and Hospital, MN, for facilities and equipment to renovate an emergency department	1,800,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Grande Ronde Hospital, OR, for equipment to provide nuclear medicine services	1,356,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Grant County Courthouse, WV, for equipment for purchase of new ambulance	310,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	Grant County Public Hospital District No. 1, dba Samaritan Healthcare, WA, for facilities and equipment to support a family medicine residency program	2,000,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Greater Fairbanks Community Hospital Foundation, AK, for facilities and equipment for construction of an inpatient psychiatric unit	3,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Greenwood Genetic Center, SC, for acquisition of Alzheimer's research equipment	1,106,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Grove Hill Memorial Hospital, AL, for acquisition of mammography, CT, ultrasound, and EKG equipment	1,000,000	Tuberville
Department of Health & Human Services	Health Resources and Services Administration	Gundersen La Crosse Medical Center Campus, WI, for facilities and equipment to renovate a substance use disorder treatment facility	750,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Hale Makua Health Services, HI, for equipment to replace patient beds	1,850,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	Harney District Hospital, OR, for facilities and equipment for building infrastructure improvements	1,250,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Hawaii Island Community Health Center, HI, for facilities and equipment to construct a clinic	1,500,000	Hirono, Schatz

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Healing Hands Clinic of Gordon County, GA, for facilities and equipment to repair a roof	190,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Health Brigade, VA, for facilities and equipment to replace HVAC systems, boilers, and a roof	750,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Health Care Authority of the City of Euftaula, AL, for acquisition of surgical and laboratory equipment	500,000	Britt, Tuberville
Department of Health & Human Services	Health Resources and Services Administration	HealthReach Community Health Centers, ME, for facilities and equipment to renovate and expand dental services wing	650,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Hennepin Healthcare System, Inc., MN, for facilities and equipment to construct a substance use disorder treatment clinic	3,002,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Hennepin Technical College, MN, for facilities and equipment to support dental training programs	2,089,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Home of the Innocents, KY, funding for equipment for a pediatric skilled nursing facility	1,000,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	Hope Unlimited, Inc., KS, for facilities and equipment for construction of new domestic violence shelter that offers therapy, telehealth, primary care services, and complex care referrals	2,700,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Hospital Authority of Ben Hill, GA, for facilities and equipment to improve access to wound care	1,452,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	Hospital Authority of Irwin County, GA, for facilities and equipment to replace HVAC systems and improve imaging services	1,450,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Houlton Regional Hospital, ME, for facilities and equipment to modernize and replace critical infrastructure systems	5,458,000	Collins, King



Department of Health & Human Services	Health Resources and Services Administration	Hurley Medical Center, MI, for equipment to replace patient beds	1,800,000	Slotkin
Department of Health & Human Services	Health Resources and Services Administration	Iliuliuk Family and Health Services, AK, for facilities and equipment for clinic renovation and acquisition of technology and medical imaging equipment	2,705,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Illinois Eye Institute, IL, for equipment to improve optometry services	750,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Inspira Health Network, NJ, for equipment to support telehealth services	2,000,000	Booker
Department of Health & Human Services	Health Resources and Services Administration	Jackson County Health Department, IL, for facilities and equipment to renovate a health department	176,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Jackson Parish Hospital, LA, for facilities and equipment for construction of a rural health clinic	4,000,000	Cassidy, Kennedy
Department of Health & Human Services	Health Resources and Services Administration	JAMHI Health and Wellness, AK, for facilities and equipment to support HVAC installation and acquisition of technology upgrades	938,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Jefferson County Commission, WV, for facilities and equipment for the Jefferson County Health Department relocation and expansion	345,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	Kanawha County Emergency Ambulance Authority, WV, for equipment for purchase of new ambulances	2,105,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	Keefe Memorial Hospital, CO, for facilities and equipment to renovate a rural hospital	2,035,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Ketchikan Gateway Borough, AK, for equipment for purchase of new ambulance	347,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Kittitas Valley Healthcare, WA, for facilities and equipment for renovations to support orthopedic and surgery services	2,262,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Klickitat Valley Health, WA, for facilities and equipment to provide MRI services	500,000	Cantwell

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Kodiak Island Health Care Foundation, AK, for facilities and equipment for HVAC system upgrades	300,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Lamprey Health Care, Inc., NH, for facilities and equipment to construct a pharmacy	250,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Lana'i Community Health Center (LCHC), HI, for equipment, including information technology	1,150,000	Schatz
Department of Health & Human Services	Health Resources and Services Administration	Lawrence General Hospital, MA, for equipment to provide infusion services	1,367,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Liberation Programs, Inc., CT, for facilities and equipment to construct an inpatient care facility	3,000,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Limen House, Inc., DE, for facilities and equipment to renovate a sober living facility	1,000,000	Coons
Department of Health & Human Services	Health Resources and Services Administration	Lonesome Pine Community Hospital (Norton Community Hospital), VA, for equipment to purchase an ion lung bronchoscopy	683,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Lowell Community Health Center, MA, for facilities and equipment to expand clinical space and training opportunities	2,000,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	LSU Health Sciences Center New Orleans, LA, for acquisition of laboratory research equipment	4,500,000	Kennedy
Department of Health & Human Services	Health Resources and Services Administration	Lummi Nation, WA, for facilities and equipment to construct a substance use disorder recovery facility	500,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Maine Veterans' Homes, ME, for acquisition of electronic health records technology, upgrading other technology needs, and purchase of ceiling lifts equipment	3,142,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Maine Veterans' Homes, ME, for facilities and equipment for construction and renovation to upgrade Maine Veterans' Homes Facilities	518,000	Collins, King

Department of Health & Human Services	Health Resources and Services Administration	MaineGeneral Health, ME, for facilities and equipment for acquisition and installation of electronic medical record upgrades	5,000,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Mariposa Community Health Center, Inc., AZ, for facilities and equipment to improve access to prenatal, postnatal, and pediatric care	2,000,000	Gallego Kelly
Department of Health & Human Services	Health Resources and Services Administration	Marshall University Research Corporation, WV, for facilities and equipment for construction of Center for Informatics and Population Analytics in support of Marshall University School of Medicine	1,861,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	Marshall University Research Corporation, WV, for facilities and equipment for construction of Marshall University Medical Simulation Center and purchase of simulation equipment	15,000,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	Martinsville Henry County Coalition for Health and Wellness, VA, for facilities and equipment to improve access to medical, dental, and behavioral health	785,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Maui Memorial Medical Center, HI, for equipment to support bedside monitoring	850,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	McAlester Regional Health Center, OK, for facilities and equipment to support the expansion of the McAlester Cancer Center	3,000,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	McCall Foundation, Inc. dba McCall Behavioral Health Network, CT, for facilities and equipment, including for a mobile clinic	264,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	McDermott Center, IL, for facilities and equipment to expand dental services	268,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	McLeod Health, SC, for facilities and equipment for construction to renovate fluoroscopy room and purchase x-ray and CT equipment	1,143,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Medical College of Wisconsin, WI, for equipment to provide imaging services	1,600,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Memorial Health System, MS, for facilities and equipment for Labor and Delivery Department renovations	1,700,000	Hyde-Smith

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Memorial Health System, MS, for facilities and equipment to support a radiation oncology equipment project	5,600,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	Memorial Hospital Belleville, IL, for equipment to improve intensive care services	1,250,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Mescal-J6 Fire District, AZ, for facilities and equipment to purchase emergency response vehicles	650,000	Galego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Minnie Hamilton Health Care Center, Inc., WV, for facilities and equipment for renovation of the Minnie Hamilton Hospital Emergency Department, medical clinic, laboratory, dietary space, dental clinic, and pharmacy	5,000,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	Mississippi Methodist Hospital & Rehabilitation Center, Inc., MS, for facilities and equipment to replace entrance canopy	714,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	Mississippi Organ Recovery Agency, MS, for facilities and equipment to expand clinical organ/tissue recovery facility	1,000,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	Mississippi Public Health Institute, MS, for Center for Optimizing Maternal Outcomes to support data development and systems and support staffing requirements	2,500,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	Mississippi State Department of Health, MS, for acquisition of telehealth equipment	801,000	Wicker
Department of Health & Human Services	Health Resources and Services Administration	Mississippi State Department of Health, MS, for the direct certification of healthcare staff in obstetrics life support and neonatal resuscitation and for program coordination	250,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	Mitchell County Hospital Health Systems, KS, for facilities and equipment to renovate and expand the Emergency Department and rehabilitation spaces	1,714,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Mon Health Medical Center, WV, for equipment for technical infrastructure upgrades and cybersecurity technology	8,100,000	Capito, Justice

Department of Health & Human Services	Health Resources and Services Administration	Mon Health Medical Center, WV, for facilities and equipment for renovation of clinical and kitchen space, elevator modernization, and improvements to critical infrastructure	5,485,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	Monroe County Hospital, AL, for acquisition of mammography and CT scan equipment	500,000	Britt, Tuberville
Department of Health & Human Services	Health Resources and Services Administration	Montefiore Medical Center, NY, for facilities and equipment to increase power capacity	1,000,000	Gilibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Morrow County Health District, OR, for equipment to provide imaging services	652,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Mount Desert Island Biological Laboratory, ME, for facilities and equipment for construction of the Center for Advancing Science Education	1,935,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Mountain Comprehensive Health Corporation, KY, for facilities and equipment for construction of autism treatment facility	1,500,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	Murry State College, OK, for facilities and equipment for construction of nursing education center and acquisition of nursing simulation laboratory equipment	3,000,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	Natchitoches Regional Medical Center, LA, for facilities and equipment to acquire and install PET scanner and CT machine	4,035,000	Cassidy, Kennedy
Department of Health & Human Services	Health Resources and Services Administration	National Jewish Health, CO, for facilities and equipment to improve treatment of respiratory diseases	2,350,000	Bennet
Department of Health & Human Services	Health Resources and Services Administration	Nazareth University, NY, for facilities and equipment to renovate a classroom space for health professionals	1,000,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	Neighborhood Health, VA, for facilities and equipment to renovate a clinic to provide medical, dental, and behavioral healthcare	1,521,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Neosho Memorial Regional Medical Center, KS, for facilities and equipment for renovation of the Cardiac Rehabilitation Center and for acquisition of imaging equipment	1,220,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Nevada State University, NV, for facilities and equipment to construct a health education center	2,000,000	Cortez Masto, Rosen

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	New England College, NH, for facilities and equipment to improve training of health professionals	775,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	New York Stem Cell Foundation, Inc., NY, for facilities and equipment to construct a precision medicine center	5,000,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Newport County Community Mental Health Center, Inc., RI, for facilities and equipment to improve access to behavioral health services	1,000,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	North Country HealthCare, AZ, for facilities and equipment to construct a dental clinic	1,800,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	North Penn Comprehensive Health Services, PA, for facilities and equipment to construct a dental clinic	500,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Northeast Colorado Health Department, CO, for facilities and equipment to construct a public health facility	3,041,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Northeast Oregon Area Health Education Center, Inc., OR, for equipment to provide obstetrics training	163,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Northeastern Oklahoma Community Health Centers, INC., OK, for facilities and equipment to support construction of new primary care clinic	2,500,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	Northeastern State University, OK, for facilities and equipment for construction and renovation of nursing simulation laboratory and for the acquisition of nursing simulation laboratory equipment	877,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	Northeastern Vermont Regional Hospital, VT, for facilities and equipment to expand pharmacy services	1,400,000	Welch
Department of Health & Human Services	Health Resources and Services Administration	Northern Neck-Middlesex Free Health Clinic, VA, for facilities and equipment to provide dental services	1,000,000	Kaine, Warner

Department of Health & Human Services	Health Resources and Services Administration	Norwalk Community Health Center, Inc., CT, for facilities and equipment, including for a mobile clinic	907,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Norwich University, VT, for expanding rural nursing education and the purchase of equipment	557,000	Welch
Department of Health & Human Services	Health Resources and Services Administration	NYU Langone Hospitals, NY, for equipment to support imaging services	1,000,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	Oakland Integrated Healthcare Network, MI, for facilities and equipment to construct a health clinic	5,500,000	Slotkin
Department of Health & Human Services	Health Resources and Services Administration	Ochsner LSU Health—Monroe Medical Center, LA, for acquisition of equipment for the labor and delivery department, neonatal intensive care unit department, and pre- and post-partum care department	1,010,000	Kennedy
Department of Health & Human Services	Health Resources and Services Administration	Ogeechee Technical College, GA, for facilities and equipment to improve training for health professionals	1,064,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	Ohio Christian University, OH, for acquisition of advanced simulation lab equipment	1,168,000	Moreno
Department of Health & Human Services	Health Resources and Services Administration	Oklahoma Primary Care Association, OK, for equipment to support electronic health record modernization at Federally Qualified Health Centers in Oklahoma	2,000,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	One Brooklyn Health System, Inc., NY, for equipment for a neonatal intensive care unit	1,182,000	Gillbrand
Department of Health & Human Services	Health Resources and Services Administration	Oregon Institute of Technology, OR, for facilities and equipment, including mobile dental clinics	1,700,000	Merkley Wyden
Department of Health & Human Services	Health Resources and Services Administration	OSF HealthCare System, IL, for facilities and equipment to construct a dental clinic	2,000,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	OU Health Partners Inc., OK, for acquisition of mobile stroke units and telehealth equipment	4,584,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	Parkland College District 505, IL, for facilities and equipment to construct a dental clinic	3,500,000	Durbin

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Philander Smith University, AR, for facilities and equipment for improvements to the Health and Science Center and acquisition of a mobile unit for the nursing program	7,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	Piedmont Access To Health Services, Inc. (PATHS), VA, for equipment to purchase a mobile unit to provide vision services	250,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Pines Health Services, ME, for facilities and equipment for construction of a new health center for Pines Health Services to support primary care	8,900,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Portland Recovery Community Center, ME, for facilities and equipment for construction of Friends and Family Center for peer recovery services	2,647,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Prisma Health-Upstate, SC, for equipment for acquisition of oncology equipment	5,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Project Vision Hawaii, HI, for facilities and equipment to increase access to dental, vision, and hearing screenings	810,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	Pueblo of Pojoaque, NM, for facilities and equipment to expand a behavioral health facility	2,303,000	Heinrich
Department of Health & Human Services	Health Resources and Services Administration	Pyramid Lake Paiute Tribe, NV, for facilities and equipment to expand a Tribal health clinic	4,000,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	Racine County, WI, for facilities and equipment to construct a mental health facility	5,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Range Mental Health Center, MN, for facilities and equipment to improve accessibility and security	1,091,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Red Shield 8 Nations Inc., MT, for facilities and equipment for construction of behavioral health treatment center	3,545,000	Sheehy
Department of Health & Human Services	Health Resources and Services Administration	Rehabilitation Hospital of the Pacific, HI, for equipment to replace patient beds	1,098,000	Hirono, Schatz



Department of Health & Human Services	Health Resources and Services Administration	Rhode Island Hospital, RI, for equipment to provide dental services and patient monitoring	200,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	RI Department of Behavioral Health, Developmental Disabilities and Hospitals, RI, for equipment to replace patient beds	2,988,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Richmond Medical Center, NY, for facilities and equipment to renovate a neonatal intensive care unit	2,000,000	Gillbrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Ridgecrest Regional Hospital, CA, for facilities and equipment to construct a behavioral health facility	1,800,000	Padilla, Schiff
Department of Health & Human Services	Health Resources and Services Administration	Rincon Valley Fire District, AZ, for equipment to provide cardiac care	300,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Rivier University, NH, for equipment to purchase a mobile medical van	317,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Rochester General Hospital, NY, for facilities and equipment to establish a hospital logistics hub	800,000	Gillbrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Roper St. Francis Hospital, SC, for facilities and equipment to support foundational and structural construction of new hospital	1,776,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Rumford Hospital, ME, for facilities and equipment to renovate, expand, and provide diagnostic and patient room equipment for the Emergency Department	6,400,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	RWJBarnabas Health, NJ, for equipment to support health professional training programs	968,000	Booker, Kim
Department of Health & Human Services	Health Resources and Services Administration	Saint Francis hospital, DE, for facilities and equipment to construct an outpatient pharmacy	1,475,000	Conns
Department of Health & Human Services	Health Resources and Services Administration	Salina Family Healthcare Center, KS, for facilities and equipment for construction of a new clinical education facility	3,261,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Sauk Valley Voices of Recovery, IL, for facilities and equipment to purchase a mobile clinic	222,000	Duckworth

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Sea Mar Community Health Centers, WA, for equipment to provide dental services	1,650,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Seattle Children's Hospital, WA, for facilities and equipment to construct a behavioral health stabilization unit	3,000,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Seattle Indian Health Board, WA, for facilities and equipment to construct a health clinic	4,500,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	SECU Family House at UNC Hospitals, NC, for facilities and equipment to support the acquisition and installation of commercial-grade generator	316,000	Tillis
Department of Health & Human Services	Health Resources and Services Administration	Seldovia Village Tribe Health & Wellness, AK, for acquisition of dental and physical therapy equipment and medical treadmill	332,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Self Regional Healthcare, SC, for facilities and equipment to construct a new Rural Health Clinic	4,600,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Seven Hills New Hampshire, Inc., NH, for facilities and equipment to improve access to clinical services	1,350,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Singing River Health System, MS, for facilities and equipment to acquire and install generators	1,500,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	Smithsburg Emergency Medical Services, Inc, MD, for equipment to provide ambulance services	250,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	South Georgia Medical Center, Inc. d/b/a SGMHC Health, GA, for facilities and equipment to support maternal and infant care	1,581,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	South Shore Hospital, MA, for facilities and equipment to increase accessibility	1,500,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	South-Central Colorado Seniors, Inc., CO, for facilities and equipment for a resource center for older adults	840,000	Hickenlooper

Department of Health & Human Services	Health Resources and Services Administration	Southern Regional Medical Center, GA, for facilities and equipment to construct a sickle cell wellness center	1,222,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Southern Research Institute, AL, for acquisition of biotechnology research equipment	2,000,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Southwest Health System, Inc., CO, for facilities and equipment to expand trauma diagnostic imaging services	1,950,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Southwest Minnesota State University, MN, for facilities and equipment to support nurse training programs	1,226,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Spanish Peaks Regional Health Center, CO, for equipment to expand ambulance services	500,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Spartanburg Regional Healthcare System, SC, for facilities and equipment to renovate Cardiovascular Recovery Unit and construction of Coronary Care Unit	6,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Spokane County, WA, for facilities and equipment to expand a crisis stabilization center	3,000,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Spurwink Services, Inc, ME, for facilities and equipment for construction of Behavioral Health Center	5,666,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	St. Barnabas Hospital, NY, for equipment to improve imaging services	1,000,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	St. Bonaventure University, NY, for facilities and equipment to support a healthcare workforce training and development program	1,100,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	St. Joseph Hospital, ME, for facilities and equipment to renovate, expand, and equip the Emergency Department	6,800,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	St. Mary's Regional Medical Center, ME, for facilities and equipment to renovate, expand, and modernize the Behavioral Health Emergency Department	2,619,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	St. Peter's Hospital, NY, for equipment to manage clinical trials using information technology	300,000	Gillibrand, Schumer

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	St. Tammany Health System, LA, for acquisition of nursing and allied health simulation equipment	1,050,000	Kennedy
Department of Health & Human Services	Health Resources and Services Administration	St. Vincent's Blount, AL, for facilities and equipment to purchase and install CT scanner	1,667,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	StayWell Health Care Inc., CT, for facilities and equipment for health information infrastructure and an electronic health records system	750,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Stephens Memorial Hospital, ME, for facilities and equipment for construction to expand Emergency Department and oncology infusion center	10,810,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Stillwater Medical Center Authority, OK, for facilities and equipment to expand Stillwater Medical Center Emergency Department trauma center and ambulance bay	2,200,000	Mullin
Department of Health & Human Services	Health Resources and Services Administration	Stroger Hospital, IL, for equipment to improve neonatal care	500,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Sussex County Community College, NJ, for equipment to provide imaging and dental services	428,000	Booker
Department of Health & Human Services	Health Resources and Services Administration	Temple University Hospital, PA, for equipment to improve imaging services	240,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	The Arc of Delaware, DE, for facilities and equipment to renovate for accessibility	1,000,000	Blunt Rochester, Coons
Department of Health & Human Services	Health Resources and Services Administration	The Board of Trustees of Southern Illinois University (School of Dental Medicine), IL, for facilities and equipment to renovate a dental clinic	1,100,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	The Bucktail Medical Center, PA, for equipment to improve diagnostic services	949,000	Fetterman, McCormick
Department of Health & Human Services	Health Resources and Services Administration	The Children's Advocacy Center of Delaware, DE, for facilities and equipment to enhance security	443,000	Coons

Department of Health & Human Services	Health Resources and Services Administration	The City of Friend, ME, for facilities and equipment for construction and renovation of operating room and purchase of operating room equipment	2,500,000	Fischer
Department of Health & Human Services	Health Resources and Services Administration	The Jackson Laboratory, ME, for facilities and equipment to purchase research equipment for biomedical imaging and advanced microscopy	2,679,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	The Medical University of South Carolina (MUSC), SC, for facilities and equipment for acquisition and installation of high performance computing equipment and data center infrastructure upgrades	5,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	The Mental Health Association of Oregon, OR, for facilities and equipment to construct a behavioral health center	750,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	The Mental Health Center of Greater Manchester, NH, for facilities and equipment for health information infrastructure and an electronic health records system	354,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Thundermist Health Center, RI, for facilities and equipment to expand access to behavioral health services	3,740,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Tidelands Health, SC, for facilities and equipment for construction of Tidelands Health's Comprehensive Women and Children's Center	5,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Tidewater Community College, VA, for facilities and equipment to support EMS training	735,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Town of Bar Harbor Fire Department, ME, for equipment for purchase of new ambulance	125,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Town of Morrisown, VT, for expanding rural health services through a community paramedicine program and to purchase a mobile unit and supplies	1,000,000	Sanders
Department of Health & Human Services	Health Resources and Services Administration	Town of Plaistow, NH, for equipment to support communication system upgrades and ambulance services	1,500,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Town of South Kingstown Emergency Medical Services, RI, for equipment to provide ambulance services	450,000	Reed
Department of Health & Human Services	Health Resources and Services Administration	Town of Waldoboro, ME, for equipment to purchase a new ambulance	350,000	Collins, King

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Tuerc House, Inc., MD, for facilities and equipment to expand access to behavioral health services	500,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Tufts University School of Dental Medicine, MA, for equipment to provide dental services, including a mobile clinic	950,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Ukiah Adventist Hospital, CA, for equipment to improve cardiac care	1,250,000	Schiff
Department of Health & Human Services	Health Resources and Services Administration	Uncompahgre Combined Clinics, CO, for a patient transportation initiative in a rural area	100,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Union County Hospital Authority dba Union General Hospital Inc, GA, for equipment to provide mammography services	511,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	Union County Hospital Authority, GA, for equipment to improve cardiac care	2,000,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	University of Alaska Anchorage, AK, for the acquisition of medical equipment and simulation equipment for academic health programs	725,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for equipment for clinical care and medical and allied health professional education	3,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for equipment for life support vans, mobile care clinics, telemedicine equipment, and supplies for prenatal care	2,500,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment for construction and renovation of the Wellness, Health, and Education Center	5,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment for renovations to UAMS Barton Bridge to Translational Research	4,500,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment for repair and expansion of the Chemical Waste Facility	2,000,000	Boozman

Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment for the expansion and renovation of the Labor and Delivery Unit	15,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas-Fort Smith, AR, for facilities and equipment for construction of the Center for Mother and Infant Healthcare	15,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Detroit Mercy, VT, for facilities and equipment to support dental training	4,600,000	Sanders, Welch
Department of Health & Human Services	Health Resources and Services Administration	University of Georgia Research Foundation Inc., GA, for facilities and equipment to support access to dementia care	420,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	University of Hawaii Cancer Center, HI, for facilities and equipment to expand pre-clinical research	1,500,000	Hirono
Department of Health & Human Services	Health Resources and Services Administration	University of Kansas Hospital, KS, for facilities and equipment to expand Emergency Department	10,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	University of Kansas Hospital, KS, for the acquisition of research equipment for cancer center	10,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	University of Kentucky, KY, for acquisition of laboratory research equipment	15,000,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	University of Kentucky, KY, for facilities and equipment for construction of biomedical research facility	15,000,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	University of Louisiana at Monroe, LA, for equipment for acquisition of Mobile Dental Hygiene Unit and dental equipment	905,000	Kennedy
Department of Health & Human Services	Health Resources and Services Administration	University of Louisiana Lafayette, LA, for acquisition of laboratory research equipment	2,500,000	Kennedy
Department of Health & Human Services	Health Resources and Services Administration	University of Louisville, KY, for facilities and equipment for construction and renovation of laboratory space and to purchase imaging systems	12,500,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	University of Louisville, KY, for facilities and equipment to acquire and install DNA sequencing systems and protein analysis systems	9,326,000	McConnell

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	University of Louisville, KY, for facilities and equipment to acquire and install research computer systems and biobank equipment and software	8,000,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	University of Maine System, ME, for acquisition of equipment for the health care profession programs	1,500,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	University of Maine System, ME, for facilities and equipment for construction of Health Care Education Center and purchase of simulators	1,900,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	University of Mississippi Medical Center, MS, for facilities and equipment to renovate and upgrade research lab	4,530,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	University of Mississippi Medical Center, MS, for facilities and equipment to support Rural Primary Care Provider system and telehealth strategies	1,000,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	University of Mississippi, MS, for construction of lab space and facilities and acquisition of drug development technology and equipment	8,000,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	University of Montana Neural Injury Center, MT, for equipment to establish a mobile clinic and laboratory for vestibular and neurosensory health	455,000	Sheehy
Department of Health & Human Services	Health Resources and Services Administration	University of Nebraska Board of Regents, NE, for facilities and equipment for construction of Infectious Disease Air Transport Training Facility	12,000,000	Fischer
Department of Health & Human Services	Health Resources and Services Administration	University of Nevada Las Vegas, NV, for facilities and equipment to support a nurse training program	2,398,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	University of Nevada Reno, NV, for facilities and equipment to construct a cancer research center	3,049,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	University of New Mexico, NM, for a telementoring program to support training of rural providers	1,540,000	Luján
Department of Health & Human Services	Health Resources and Services Administration	University of New Mexico, NM, for facilities and equipment to expand substance use disorder outreach and services	1,484,000	Heinrich, Luján



Department of Health & Human Services	Health Resources and Services Administration	University of North Alabama, AL, for acquisition of nursing education equipment	1,024,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	University of North Georgia, GA, for facilities and equipment to expand a health professions training program	700,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	University of South Carolina Aiken, SC, for facilities and equipment for construction, renovation, and purchase of simulation equipment and technology for USC-Aiken-Nursing Simulation Lab	2,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	University of Southern Mississippi, MS, for facilities and equipment for construction to upgrade audiology clinic and acquire audiology equipment	396,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	University of St. Thomas, MN, for equipment to support health professional training programs	716,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	University of Vermont and State Agricultural College, VT, for a rural community health worker program	996,000	Welch
Department of Health & Human Services	Health Resources and Services Administration	University of Vermont Health Network, VT, for facilities and equipment to improve safety and building security	694,000	Welch
Department of Health & Human Services	Health Resources and Services Administration	University of Wisconsin-Milwaukee School of Nursing, WI, for facilities and equipment to construct a rehabilitation facility	400,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Upland Hills Health, WI, for facilities and equipment to construct a senior living campus	2,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	UPMC Western Maryland Corporation, MD, for facilities and equipment to expand access to radiation therapy	2,750,000	Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Valley Family Health Care, Inc., OR, for facilities and equipment to construct an integrated medical, behavioral, and dental clinic	1,500,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Valley Hope Association Foundation, KS, for facilities and equipment to renovate and expand residential care treatment center	1,771,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Vernon Memorial Healthcare Foundation Inc., WI, for facilities and equipment to construct a clinic with consolidated medical and pharmacy services	2,213,000	Baldwin

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Versiti, WI, for facilities and equipment to construct a research facility	3,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Veterans Recovery Resources, AL, for acquisition of addiction treatment, therapy, and patient care equipment	2,000,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Virginia Community Healthcare Association, VA, for a rural health nutrition program and necessary supplies	342,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Walworth County, WI, for facilities and equipment to construct a residential care facility	1,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Wasco County, OR, for facilities and equipment to construct a behavioral health center	2,000,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Washington Poison Center, WA, for equipment to support building infrastructure and connectivity	250,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Washington State Hospital Association, WA, for a labor and delivery training program in rural hospitals	1,000,000	Cantwell, Murray
Department of Health & Human Services	Health Resources and Services Administration	Wellstar Health System, Inc., GA, for equipment to provide mammography services	500,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Wentworth Home for the Aged, NH, for facilities and equipment to improve building security	300,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	West Hawaii Region of the Hawaii Health Systems Corporation, HI, for equipment to replace patient beds	1,005,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	West Virginia University Research Corporation, WV, for facilities and equipment for construction and renovation of the WVU School of Dentistry and purchase of dental equipment	15,000,000	Capito

Department of Health & Human Services	Health Resources and Services Administration	Wichita State University, KS, for the acquisition of health sciences education equipment for Biomedical Campus	10,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Wilkes University, PA, for facilities and equipment to improve nursing education	500,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Wirt County Health Services Association, WV, for facilities and equipment for construction of Coplin Health Systems Parkersburg health clinic and wellness center	1,500,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	WVU Medicine Rockefeller Neuroscience Institute, WV, for facilities and equipment for construction and infrastructure and acquisition of medical equipment to establish the WVU Rockefeller Neuroscience Institute Center for Neuromodulation and Brain Therapeutics	11,934,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	WVU Medicine-Weirton Medical Center, WV, for facilities and equipment for Emergency Department renovation and expansion	2,450,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	Wyoming County Healthcare Center, PA, for facilities and equipment to support a new pharmacy	543,000	McCormick
Department of Health & Human Services	Health Resources and Services Administration	Xavier University, LA, for facilities and equipment for construction and renovation for Xavier University Medical School	4,000,000	Cassidy
Department of Health & Human Services	Health Resources and Services Administration	York Hospital, ME, for equipment for electronic medical records software upgrades	5,000,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	YWCA of Van Wert County, OH, for facilities and equipment for construction of Community Care Clinic	1,000,000	Husted
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	4th Dimension Sobriety, WI, for behavioral health services including peer support services training	400,000	Baldwin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	AAPL Montclair Inc., NJ, for mental health services	250,000	Booker, Kim
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Alaska Eating Disorders Alliance, AK, for behavioral health services to address eating disorders	250,000	Murkowski

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Albuquerque, NM, for mental health and substance use disorder services	1,135,000	Heinrich, Luján
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Amos House, RI, for mental and behavioral health services	540,000	Read, Whitehouse
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Ann & Robert H. Lurie Children's Hospital of Chicago, IL, for mental health and trauma services for pediatric patients	1,000,000	Durbin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Arizona Governor's Office of Youth Faith and Family, AZ, for a suicide prevention program for veterans	575,000	Gallego, Kelly
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Asian American Institute for Research and Engagement, NY, for mental health services	150,000	Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Barstow Community College District, CA, for a rural mental health program	750,000	Padilla, Schiff
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Beautiful Gate Outreach Center, DE, for mental health services for those living with chronic conditions	250,000	Blunt Rochester
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Big Brothers Big Sisters of Coastal & Northern New Jersey Inc, NJ, to promote mental health through a mentorship program	250,000	Kim
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Boys & Girls Club Fox Valley, Inc., WI, for mental health programming for children and youth	1,000,000	Baldwin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Bradley Free Clinic, VA, for mental and behavioral health services	167,000	Kaine, Warner
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Brandywine Counseling & Community Services, Inc., DE, for mobile behavioral and mental health services	895,000	Blunt Rochester, Coors
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Calhoun County Community Mental Health Authority, MI, for community-based mental health services through crisis centers	750,000	Peters, Slotkin

Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Carson City School District, NV, for mental health services	301,000	Cortez Masto, Rosen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Catholic Social Services, AK, to establish a substance use treatment program for individuals experiencing homelessness	1,000,000	Murkowski
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Child Health and Development Institute of Connecticut, Inc., CT, for a substance use prevention and education program	371,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Children's Friend and Service, RI, for mental health services	430,000	Whitehouse
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	City of Long Beach, CA, for a community crisis response program	1,490,000	Padilla
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	City of Lynn, MA, for a crisis response team	500,000	Markey, Warren
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	City of Portland, OR, for a mobile medication program to prevent drug overdoses	1,500,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Colorado Meth Project Inc., CO, for substance use prevention programming for youth	518,000	Bennet, Hickenlooper
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Community Health Partnership, CO, to strengthen capacity and improve mental health and substance use care, including technology	750,000	Bennet, Hickenlooper
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Copiah-Lincoln Community College, MS, for mental and behavioral health services delivered via telehealth	305,000	Hyde-Smith
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Cornell Scott-Hill Health Corporation, CT, for substance use disorder treatment	822,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Covenant House International, NY, for behavioral health services for youth	500,000	Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Department of New Jersey Veterans of Foreign Wars, Inc., NJ, for mental health services	280,000	Booker

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Eluna, MA, for a grief support and counseling program	119,000	Markey, Warren
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Essex County Family Justice Center, NJ, for mental health services for survivors	330,000	Kim
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Finishing Trades Institute of the Upper Midwest, MN, for mental health and supportive services	1,298,000	Kobuchar, Smith
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	For All Ages, Inc., CT, to support the mental health and wellness of college students	222,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Friends of Firefighters, Inc., NY, for mental health services	632,000	Gillibrand
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Friends of Recovery, New Hampshire dba Hope for NH Recovery, NH, for mental health and substance use disorder services	487,000	Shaheen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Georgia Council for Recovery, Inc., GA, for an opioid overdose prevention program, including supplies	357,000	Ossoff
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Global Partnership to End Human Trafficking Corporation, CT, for behavioral health services for survivors	105,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Hope Coalition, NC, to centralize and enhance youth diversion programs	1,014,000	Tillis
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	International Association of Firefighters (IAFF) Local 244 / New Mexico Professional Firefighters Association (NMPFFA), NM, for behavioral health care and substance use disorder treatment	500,000	Luján
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Johnson Health Center, VT, for substance use disorder treatment	2,685,000	Sanders

Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Joliet Fire Department, IL, for a community mental health program expansion	1,000,000	Durbin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Legacy Behavioral Health, GA, for behavioral health services, including supplies	348,000	Ossoff
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Lifeline Horse Rescue and Rehabilitation, MD, for behavioral health and suicide prevention programming for veterans	95,000	Alsobrooks
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Lily's Place, Inc., WV, for mental health services for first responders	684,000	Capito
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Lines for Life, OR, for youth mental health support through a peer-to-peer crisis line	1,611,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Mercy House Teen Challenge, MS, for facilities and equipment for acquisition and installation of telehealth equipment	765,000	Hyde-Smith, Wicker
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	NAMI New Hampshire, NH, for an overdose prevention program, including training	444,000	Shaheen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	National Alliance Mental Illness Albuquerque, NM, for mental health and substance use treatment services, including equipment	300,000	Heinrich
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Nevada Department of Education, NV, for mental health programming for youth	567,000	Cortez Mastro, Rosen
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	New York Law Enforcement Assistance Program (NYLEAP), Inc., NY, for mental health services for law enforcement officers	500,000	Gillibrand
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Once Upon A Preemie, Inc., PA, for mental health education programming for providers to support families of premature infants	275,000	Fetterman
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Rady Children's Hospital San Diego, CA, for pediatric mental health services	2,000,000	Padilla, Schiff
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	ReadyKids, Inc, VA, for mental health and counseling services for youth	200,000	Kaine, Warner

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Resilience Resource Center, PA, for mental health services	250,000	Fetterman
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Rhode Island Disaster Medical Assistance Team, Inc./Rhode Island Behavioral Health Medical Reserve Corps, RI, for mental health and peer support programming for law enforcement	360,000	Whitehouse
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Rosecrance, Inc., IL, for behavioral health care services for veterans	1,038,000	Duckworth
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	San Juan County Partnership, NM, for a substance use prevention program	307,000	Luján
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Ser Familia, Inc., GA, for mental health services	500,000	Ossoff
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Sinai Health System, IL, for a trauma recovery program	1,500,000	Durbin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Southwest Washington Accountable Community of Health, WA, for a mobile substance use disorder medical clinic, including a vehicle and equipment	750,000	Murray
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Spectrum Youth & Family Services, VT, for school-based mental health services	250,000	Welch
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	STRY365 WI, for mental health programming for youth, including professional development for youth-serving organizations	100,000	Baldwin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Tacoma-Pierce County Health Department, WA, for a mobile substance use disorder program, including supplies and equipment	2,600,000	Murray
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Taos Pueblo Health and Community Services, NM, for peer-led recovery programming	331,000	Heinrich



Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	The Carnegie Hall Corporation, NY, for a program to promote mental wellbeing for children and families	1,000,000	Gillibrand, Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	The Healing Station Counseling Center, VA, for mental health services	245,000	Kaine, Warner
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	The Pennsylvania State University, PA, for establishing the Pennsylvania Addiction Action Network, including a statewide system of substance use interventions and data coordination	750,000	Fetterman, McCormick
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	The Sojourners Place, DE, for substance use disorder recovery programming	416,000	Coons
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Tides Family Services, RI, for mental health and mentoring programs for at-risk youth	500,000	Whitehouse
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Turning Point Recovery Center of Springfield, VT, for a community-based program to reduce substance use and address mental health needs	373,000	Welch
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	University of Oregon, OR, to support pediatric mental and behavioral health care, including equipment	2,980,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	University of Rhode Island (URI), RI, for mental health programming for youth, including trainings	1,500,000	Reed, Whitehouse
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Vinfen, Inc., MA, for a mental health crisis and substance use disorder treatment program	750,000	Markey, Warren
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Virginia Telemental Health Initiative, VA, for mental health counseling through telemedicine	372,000	Kaine, Warner
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Voices of Community Activists & Leaders (VOCAL-NY), Inc., NY, for mental health services for at-risk individuals	500,000	Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Voices of September 11, Inc. DBA Voices Center for Resilience, CT, for resources and information for individuals impacted by tragedy	661,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Washington Recovery Alliance, WA, to support statewide networks for substance use disorder recovery	1,500,000	Murray

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	West Care Wisconsin, WI, for a mobile mental health clinic	600,000	Baldwin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Windham Region Chamber of Commerce Foundation, CT, for mental health and supportive services for veterans	380,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	YouthLine, HI, for youth crisis programming	431,000	Schatz
Department of Health & Human Services	Administration for Children and Families	100 Black Men of Atlanta, Inc., GA, for programming to support children and families in underserved communities	320,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	ABC Parenting Institute, DE, for a child abuse and neglect prevention program	544,000	Blunt Rochester, Coons
Department of Health & Human Services	Administration for Children and Families	Aloha United Way, HI, to support referral and helpline services for basic needs, crisis, and disaster response	800,000	Hirono, Schatz
Department of Health & Human Services	Administration for Children and Families	American Chinese Christian Education and Social Services (ACCESS), MA, to support afterschool programming for low income children	100,000	Markey, Warren
Department of Health & Human Services	Administration for Children and Families	Anchorage Coalition to End Homelessness, AK to provide housing support services	450,000	Murkowski
Department of Health & Human Services	Administration for Children and Families	Anne Arundel County Food Bank, Inc, MD, to support low income communities through food distributions, including the purchase of a refrigerated vehicle	133,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Administration for Children and Families	Athens Area Diaper Bank, Inc., GA, for a diaper bank, including supplies and equipment	200,000	Ossoff, Warnock
Department of Health & Human Services	Administration for Children and Families	Bangladeshi American Society Inc., NY, for services for low income individuals and families, including food	160,000	Schumer
Department of Health & Human Services	Administration for Children and Families	Boys & Girls Clubs of Acadiana, LA, funding to increase staffing and services for youth programs	1,000,000	Kennedy

Department of Health & Human Services	Administration for Children and Families	Boys & Girls Clubs of Maui, Inc., HI, for mental health and wellness programming for youth	800,000	Hirono, Schatz
Department of Health & Human Services	Administration for Children and Families	Brighter Bites DC, MD, to reduce poverty through food security, including the purchase of food	266,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Administration for Children and Families	Center for Housing and Health, IL, for supportive services for at-risk individuals, including housing	1,300,000	Durbin
Department of Health & Human Services	Administration for Children and Families	Children's Advocacy Centers of Michigan, MI, for a child abuse prevention program	259,000	Slotkin
Department of Health & Human Services	Administration for Children and Families	Churches United For Fair Housing, Inc., NY, for a program to support low income families to find and maintain affordable housing	1,000,000	Schumer
Department of Health & Human Services	Administration for Children and Families	City of Orchard Hill, GA, to reduce poverty through a digital library program, including equipment	21,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	City of Whitewater, WI, to reduce poverty through an immigrant liaison	85,000	Baldwin
Department of Health & Human Services	Administration for Children and Families	Commonwealth of Massachusetts United Ways, MA, to reduce poverty for low income individuals and families, including for the purchase of food	1,500,000	Markey, Warren
Department of Health & Human Services	Administration for Children and Families	Community Care of West Virginia, WV, funding to create a connectivity hub to address gaps in foster care	370,000	Capito
Department of Health & Human Services	Administration for Children and Families	Community Investment Alliance, CO, for supportive services, including housing	800,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Children and Families	Court Appointed Special Advocates (CASA) of Morris and Sussex Counties, NJ, for a program to prevent child abuse and neglect among foster youth	200,000	Booker, Kim
Department of Health & Human Services	Administration for Children and Families	Craftsbury Saplings Inc., VT, to improve access to child care	1,000,000	Welch
Department of Health & Human Services	Administration for Children and Families	Davinci Center for Community Progress, RI, for community services for low income individuals, including food	440,000	Reed

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Children and Families	East New York CLT Inc., NY, to support low income tenants and homeowners achieve housing stability	100,000	Schumer
Department of Health & Human Services	Administration for Children and Families	Easterseals North Georgia, GA, for programming to support children and families	767,000	Ossoff, Warnock
Department of Health & Human Services	Administration for Children and Families	Essex County Legal Aid Association, Inc., NJ, for legal services for children	500,000	Booker
Department of Health & Human Services	Administration for Children and Families	Federal Hill House Association, RI, for community services and programming	425,000	Reed
Department of Health & Human Services	Administration for Children and Families	Food Well Alliance, Inc., GA, to support low income community through a mobile kitchen, including equipment	141,000	Ossoff, Warnock
Department of Health & Human Services	Administration for Children and Families	Foundation for Black Women's Wellness, WI, for programming to enhance economic security and family stability for at-risk women and families	750,000	Baldwin
Department of Health & Human Services	Administration for Children and Families	Friendly House, Inc, MA, to support individuals and families facing housing insecurity	100,000	Markey, Warren
Department of Health & Human Services	Administration for Children and Families	Fulton County Schools, GA, to reduce food insecurity among vulnerable populations, including vehicles and equipment	222,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	Garden of Hope, Inc, NY, for community-based programming and services for at-risk families	135,000	Schumer
Department of Health & Human Services	Administration for Children and Families	Georgia Center for Child Advocacy, Inc., GA, for a child abuse prevention program	350,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	Good Old Lower East Side Inc., NY, to prevent homelessness among at-risk individuals	200,000	Schumer
Department of Health & Human Services	Administration for Children and Families	Haa Yaitx'u Saiani, AK, to provide supportive services	100,000	Murkowski

Department of Health & Human Services	Administration for Children and Families	Hawaii Children's Action Network (HCAN) on behalf of Hawaii Diaper Bank, HI, for a diaper distribution program, including a vehicle	110,000	Hirono
Department of Health & Human Services	Administration for Children and Families	Helping Mamas, Inc., GA, for a diaper distribution program, including diapers	268,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	Jewish Family Services Delaware, DE, for programming and services for at-risk individuals	1,000,000	Blunt Rochester, Coons
Department of Health & Human Services	Administration for Children and Families	Justice For Housing, Inc., MA, for services to support at-risk families	250,000	Markey, Warren
Department of Health & Human Services	Administration for Children and Families	Life Learning Center, KY, funding for programming, technology, and equipment for the Life Learning Center	2,700,000	McConnell
Department of Health & Human Services	Administration for Children and Families	Mitzvah Circle Foundation, PA, to support low income populations, including through the purchase of supplies and equipment	500,000	Fetterman
Department of Health & Human Services	Administration for Children and Families	National Domestic Workers Alliance, NY, for programming to support low income workers	500,000	Schumer
Department of Health & Human Services	Administration for Children and Families	New Jersey Coalition to End Domestic Violence (NICEDV), NJ, for services for survivors of domestic violence, including housing	500,000	Booker
Department of Health & Human Services	Administration for Children and Families	NH Hunger Solutions, NH, to support low income individuals and families	430,000	Shaheen
Department of Health & Human Services	Administration for Children and Families	North Hudson Community Action Corporation, NJ, for afterschool programming and services for low income families	74,000	Booker, Kim
Department of Health & Human Services	Administration for Children and Families	Open Doors for Multicultural Families, WA, to improve a child care center, including equipment	614,000	Murray
Department of Health & Human Services	Administration for Children and Families	Open Hand Atlanta, Inc., GA, to support low income individuals through food, including vehicles and equipment	383,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	Partners in Development Foundation, HI, for educational programming to support low-income individuals, including financial literacy	2,300,000	Hirono, Schatz

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Children and Families	Ranch Hope, Inc., NJ, for supportive services and equipment	500,000	Booker
Department of Health & Human Services	Administration for Children and Families	Share Our Spare, IL, to support family relief initiatives for low income families, including supplies	627,000	Duckworth
Department of Health & Human Services	Administration for Children and Families	So What Else, Inc., MD, for a hunger relief program for at-risk individuals	750,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Administration for Children and Families	St. Christopher's Hospital for Children, PA, for programming to support low income children and families	250,000	Fetterman
Department of Health & Human Services	Administration for Children and Families	Summit County Family Resource Center, CO, to reduce poverty through a food distribution program, including food	300,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Children and Families	The Children's Law Center, Inc., CT, to support legal representation for children in family court	100,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	The Commercial Fisheries Center of Rhode Island, RI, to support low income communities through a food access program, including food	300,000	Reed, Whitehouse
Department of Health & Human Services	Administration for Children and Families	The Family Tree, MD, for a home visiting program to support new parents and infants	373,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Administration for Children and Families	The Giving Kitchen Initiative, Inc., GA, for wrap around services for low income workers and their families	550,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	The Housing Collective, CT, for a data platform to connect low income individuals with affordable housing	723,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	The Northern Lighthouse, ME, to support technology improvements	92,000	Collins, King
Department of Health & Human Services	Administration for Children and Families	United Way of Aroostook, ME, funding to create a childcare resource center	153,000	Collins, King

Department of Health & Human Services	Administration for Children and Families	United Way of the Chattahoochee Valley, Inc., GA, to expand a 211 system, including technology	2,000,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	University of Arkansas for Medical Sciences, AR, funding for supportive services and related resources for infants and mothers	8,000,000	Boozman
Department of Health & Human Services	Administration for Children and Families	Wakeman Memorial Association, CT, for after school programming for youth	300,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	West Virginia CASA Association, Inc., WV, funding to implement a Continuum of Care model to prevent and treat child abuse	766,000	Capito, Justice
Department of Health & Human Services	Administration for Children and Families	Westbay Community Action, RI, to support low income families, including food	100,000	Reed, Whitehouse
Department of Health & Human Services	Administration for Community Living	All Out Adventures, Inc., MA, for vehicles and equipment	101,000	Markey, Warren
Department of Health & Human Services	Administration for Community Living	ALS United Rhode Island, RI, for services supporting individuals living with ALS	68,000	Whitehouse
Department of Health & Human Services	Administration for Community Living	APNA Brooklyn Community Center, Inc, NY, for a meal program, including equipment and the purchase of a vehicle	530,000	Schumer
Department of Health & Human Services	Administration for Community Living	Appalachian Agency for Senior Citizens, VA, for supportive services for older adults, including equipment	96,000	Kaine, Warner
Department of Health & Human Services	Administration for Community Living	Bergen Family Center, NJ, for supportive services for older adults	85,000	Kim
Department of Health & Human Services	Administration for Community Living	Borough of East Rutherford, NJ, for the purchase of a vehicle	29,000	Booker, Kim
Department of Health & Human Services	Administration for Community Living	Children's Therapy Center, WA, for supportive services for parents and caregivers of children with disabilities, including equipment	100,000	Murray
Department of Health & Human Services	Administration for Community Living	Chinese Mutual Aid Association, IL, for a vehicle and equipment to support services for older adults	152,000	Duckworth

CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Community Living	City of Boston, MA, for enhancing transportation accessibility for older adults, including vehicles and equipment	1,000,000	Markey, Warren
Department of Health & Human Services	Administration for Community Living	Coalition for Food and Health Equity, NJ, for a meal delivery program, including vehicles and equipment	200,000	Booker
Department of Health & Human Services	Administration for Community Living	Denver Regional Council of Governments, CO, for supportive services for older adults	820,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Community Living	Education Health & Research International, DE, for expanding supportive services and case coordination for older adults	1,818,000	Blunt Rochester
Department of Health & Human Services	Administration for Community Living	Friends in Action, ME, to purchase equipment for senior center services	140,000	Collins
Department of Health & Human Services	Administration for Community Living	Great Bay Services, Inc., ME, funding for the purchase of accessible vehicles and related expenses	264,000	Collins
Department of Health & Human Services	Administration for Community Living	Hands On Hartford, CT, for supportive services for seniors and individuals with disabilities, including food	586,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Community Living	Hospice Savannah, Inc., GA, for the purchase of vehicles and equipment	295,000	Ossoff, Warnock
Department of Health & Human Services	Administration for Community Living	Interfaith Caregivers of Greater Mercer County, Inc., NJ, for expansion of caregiving services	40,000	Booker, Kim
Department of Health & Human Services	Administration for Community Living	J-HAP, MN, for supportive services for individuals with disabilities	50,000	Klobuchar, Smith
Department of Health & Human Services	Administration for Community Living	Las Cumbres Community Services, Inc., NM, for a kinship care program	333,000	Heinrich, Luján
Department of Health & Human Services	Administration for Community Living	Macon Bibb County Economic Opportunity Council, Inc., GA, for the purchase of vehicles and equipment	280,000	Ossoff



Department of Health & Human Services	Administration for Community Living	Madison House Autism Foundation, MD, for supportive services for individuals with disabilities, including equipment	650,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Administration for Community Living	Matrix Human Services, MI, for programming and supportive services for older adults	1,000,000	Slotkin
Department of Health & Human Services	Administration for Community Living	Meristem, Inc., CA, for programming and supportive services for individuals with disabilities, including equipment	1,000,000	Padilla, Schiff
Department of Health & Human Services	Administration for Community Living	Middlesex United Way, CT, for supportive services for older adults	75,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Community Living	Minnesota Assistance Council for Veterans, MN, for supportive services for older veterans	248,000	Klobuchar, Smith
Department of Health & Human Services	Administration for Community Living	National Asian Pacific Center on Aging, WA, for outreach and helpline services for older adults	1,000,000	Murray
Department of Health & Human Services	Administration for Community Living	Needs of the Community Society, WA, for programming for young adults with disabilities	200,000	Murray
Department of Health & Human Services	Administration for Community Living	New York City Ballet, Inc., NY, for health and wellness programming for individuals with disabilities	223,000	Schumer
Department of Health & Human Services	Administration for Community Living	SilverSource, Inc., CT, for supportive services for older adults	200,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Community Living	Special Olympics New Jersey, NJ, for health and wellness programming for individuals with disabilities	500,000	Booker
Department of Health & Human Services	Administration for Community Living	The Arc of Maryland, MD, for supportive services for individuals with disabilities, including equipment	200,000	Alsobrooks
Department of Health & Human Services	Administration for Community Living	The Association of Indians in America—New York Chapter, NY, for supportive services for older adults, including equipment	100,000	Schumer
Department of Health & Human Services	Administration for Community Living	United Jewish Organizations of Williamsburg Inc, NY, for supportive services for older adults and individuals with disabilities	750,000	Schumer

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Community Living	Vermont Association of Area Agencies on Aging, VT, for supportive services for older adults, including meal deliveries	243,000	Sanders
Department of Health & Human Services	Administration for Community Living	Vermont Association of Senior Centers and Meal Providers (VASCAMP), VT, for supportive services for older adults	500,000	Sanders
Department of Health & Human Services	Administration for Community Living	Whitfield County Board of Commissioners, GA, for the purchase of a vehicle, including equipment	92,000	Ossoff
Department of Education	Innovation and Improvement	Accokeek Foundation, Inc, MD, for an environmental education program, including curriculum development, teacher training, classroom support, and field trips for Prince George's and Charles County students	425,000	Van Hollen
Department of Education	Innovation and Improvement	Achieve Twin Cities, MN, for college and career readiness programs	1,500,000	Klobuchar, Smith
Department of Education	Innovation and Improvement	Adams Presidential Center and Foundation, MA, for civics education	900,000	Markey, Warren
Department of Education	Innovation and Improvement	African American Museum in Philadelphia, PA, to expand education programs for students, including exhibit development	415,000	Fetterman
Department of Education	Innovation and Improvement	Aha Punana Leo, HI, for an early childhood education Hawaiian language immersion program	1,252,000	Hirono, Schatz
Department of Education	Innovation and Improvement	Alaska Council of School Administrators, AK, for teacher professional development	200,000	Murkowski
Department of Education	Innovation and Improvement	Alaska Resource Education, AK, for a STEM and natural resources education program	50,000	Murkowski
Department of Education	Innovation and Improvement	Arts Council of Greater New Haven, Inc., CT, for youth arts journalism initiative	135,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Asian Americans for Equality, Inc., NY, for college readiness and youth development programming	100,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	Ballet After Dark Inc, MD, for a comprehensive program for girls and young women focused on wellness, health education, mentorship, and leadership training	1,071,000	Alsobrooks, Van Hollen

Department of Education	Innovation and Improvement	Baltimore SquasiWise, MD, for youth development programs	200,000	Van Hollen
Department of Education	Innovation and Improvement	Bayonne School District, NJ, for high-impact tutoring programs	160,000	Kim
Department of Education	Innovation and Improvement	Best Buddies International, Inc., MA, to establish and deliver community-based inclusion services	400,000	Markey, Warren
Department of Education	Innovation and Improvement	Big Brothers Big Sisters Hawaii, HI, for college and career readiness programs	1,000,000	Schatz
Department of Education	Innovation and Improvement	Big Brothers Big Sisters of Eastern Massachusetts, MA, for academic assistance, college access support, and vocational training	250,000	Markey, Warren
Department of Education	Innovation and Improvement	Big Brothers Big Sisters of Rhode Island, RI, for youth mentoring	100,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Big Picture Philadelphia, PA, for school-based health and wellness services and nutrition education	240,000	Fetterman
Department of Education	Innovation and Improvement	BMORE Community Theatre, MD, for a summer arts education program	250,000	Van Hollen
Department of Education	Innovation and Improvement	Boys & Girls Club Of Hawaii, HI, for a digital literacy initiative, including Artificial Intelligence	505,000	Hirono, Schatz
Department of Education	Innovation and Improvement	Boys & Girls Club of Lanier, Inc., GA, to improve access to youth programs, which may include the purchase of two vehicles	190,000	Ossoff
Department of Education	Innovation and Improvement	Boys & Girls Club of the Big Island, HI, to expand afterschool academic support, substance abuse prevention, and nutrition programs	990,000	Hirono
Department of Education	Innovation and Improvement	Boys & Girls Clubs of Warwick, RI, for out-of-school-time youth programming	640,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Boys and Girls Club of Paterson and Passaic, NJ, for trauma-informed, wrap around support services and out-of-school time programming	500,000	Kim
Department of Education	Innovation and Improvement	Boys to Men Mentoring Network of Virginia, Inc., VA, to expand mentoring programs	200,000	Kaine, Warner
Department of Education	Innovation and Improvement	Bright Lights Book Project, AK, for a literacy program	30,000	Murkowski
Department of Education	Innovation and Improvement	Brockton Public Schools, MA, for a one-to-one laptop computer initiative	2,128,000	Markey, Warren

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Cal Ripken, Sr. Foundation, MD, for STEW education	1,000,000	Alsobrooks, Van Hollen
Department of Education	Innovation and Improvement	Capital District Jewish Holocaust Memorial, Inc., NY, for mobile educational programming on the Holocaust	600,000	Gillibrand
Department of Education	Innovation and Improvement	Ceeds of Peace, HI, to expand the community school model at Hawaii public schools	836,000	Hirono
Department of Education	Innovation and Improvement	Center for an Agricultural Economy, VT, for educational and curricula purposes of a farm-to-school nutrition program	100,000	Welch
Department of Education	Innovation and Improvement	Central Michigan University, MI, for distance education technology and in-person instruction related to health career education	1,226,000	Peters
Department of Education	Innovation and Improvement	Central Vermont Career Center School District acting on behalf of the Vermont Association of Career and Technical Directors, VT, to expand and enhance career and technical education programs, which may include subgrants	2,498,000	Sanders
Department of Education	Innovation and Improvement	Chesapeake Bay Outward Bound School, MD, for an outdoor education program	250,000	Alsobrooks, Van Hollen
Department of Education	Innovation and Improvement	Children's Foundation of Mississippi, MS, for a project to improve education outcomes	500,000	Hyde-Smith
Department of Education	Innovation and Improvement	Citizens Campaign Fund for the Environment, NY, for science education and environmental stewardship programs	100,000	Schumer
Department of Education	Innovation and Improvement	City of Newark, NJ, for a literacy initiative	700,000	Booker, Kim
Department of Education	Innovation and Improvement	City Year Providence, RI, for tutoring and mentoring programs	790,000	Reed
Department of Education	Innovation and Improvement	City Year, Inc., NH, for New Hampshire's 7-Year Promise program	700,000	Shaheen
Department of Education	Innovation and Improvement	Collaborative Support Services, HI, for early childhood education programs	1,327,000	Hirono, Schatz
Department of Education	Innovation and Improvement	College Visions, RI, for college access programming, including student stipends	723,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Collinsville Area Vocational Center, IL, for equipment for education program expansion	3,000,000	Duckworth

Department of Education	Innovation and Improvement	Communities In Schools of Washington State, WA, to improve student wellness	925,000	Murray
Department of Education	Innovation and Improvement	Community Health Center, Inc., CT, for health, nutrition and education programs	500,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Concilio de Organizaciones Hispanas—Concilio, PA, for youth development and violence prevention programs	390,000	Fetterman
Department of Education	Innovation and Improvement	Connecticut Historical Society DBA Connecticut Museum of Culture and History, CT, for a civics education program	1,000,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Connecticut Junior Republic Association, Inc., dba CJR, CT, for school-based behavioral and mental health services	1,650,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Connecticut Public Broadcasting, Inc, CT, for educational programming	1,550,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Consortium for Hawaii Ecological Engineering Education, dba Malama Aina Foundation, HI, for education programs of the Kahikina Learning Center	417,000	Hirono
Department of Education	Innovation and Improvement	Corning Museum of Glass, NY, for STEAM education programs, including bus rental for transportation	1,000,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	DC Regional Early Learning Center, MD, for early childhood education	305,000	Asobrooks
Department of Education	Innovation and Improvement	Delta Health Alliance, MS, to improve education outcomes	800,000	Hyde-Smith, Wicker
Department of Education	Innovation and Improvement	DePaul University, IL, for a civic learning initiative	720,000	Durbin
Department of Education	Innovation and Improvement	Doc Wayne Youth Services Inc., MA, for youth development and mental health services	450,000	Markey, Warren
Department of Education	Innovation and Improvement	Domestic Violence Crisis Center, CT, for youth violence prevention education program	124,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Dual Language Education of New Mexico, NM, for professional development programs related to literacy and math education	321,000	Heinrich
Department of Education	Innovation and Improvement	Educating for Leadership, AK, to improve student safety	1,623,000	Murkowski
Department of Education	Innovation and Improvement	Employ Milwaukee, WI, for career exploration and youth development programs, including youth stipends	900,000	Baldwin

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Explora, NM, for STEAM education and career awareness, including student stipends	250,000	Heinrich, Luján
Department of Education	Innovation and Improvement	Fairbanks North Star Borough School District, AK, for teacher professional development	111,000	Murkowski
Department of Education	Innovation and Improvement	Fairbanks North Star Borough School District, AK, to improve student safety	300,000	Murkowski
Department of Education	Innovation and Improvement	Families and Schools Together (FAST), WI, for after school family engagement programs in Wisconsin	500,000	Baldwin
Department of Education	Innovation and Improvement	Farm Fresh Rhode Island, RI, for farm to school programming	250,000	Whitehouse
Department of Education	Innovation and Improvement	Flagman, Inc., CT, for traffic safety education in Connecticut schools	1,997,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Forrest County Agricultural High School, MS, for the purchase of equipment, technology, and supplies	700,000	Hyde-Smith
Department of Education	Innovation and Improvement	Fund for the City of New York, NY, for educational programming at Floyd Bennett Field	800,000	Schumer
Department of Education	Innovation and Improvement	Future Focused Education, NM, for youth mental health support, including internships and student stipends	500,000	Heinrich
Department of Education	Innovation and Improvement	Girls on the Run International, MN, to increase access to youth development programming in underserved communities	500,000	Klobuchar, Smith
Department of Education	Innovation and Improvement	Hall County School District, GA, for a career pathway program in meat processing	1,000,000	Warnock
Department of Education	Innovation and Improvement	Hands on Children's Museum, WA, for exhibits and equipment to improve after school programming for students	3,000,000	Murray
Department of Education	Innovation and Improvement	Hawaii Department of Education, HI, for an educator workforce development initiative, including student stipends	1,000,000	Schatz
Department of Education	Innovation and Improvement	Hispanic Federation Inc., NY, to expand mentoring and training programs, which may include subgrants to existing and new partner institutions of higher education	900,000	Gillibrand, Schumer

Department of Education	Innovation and Improvement	Hispano Roundtable of New Mexico, NM, for STEAM education	500,000	Heinrich, Luján
Department of Education	Innovation and Improvement	Hudson River Museum of Westchester, NY, for equipment for STEM education programs	500,000	Schumer
Department of Education	Innovation and Improvement	Hudson Valley Shakespeare Festival, Inc., NY, for out-of-school on-site arts education experiences and arts educational programming	534,000	Schumer
Department of Education	Innovation and Improvement	Inupiat Community of the Arctic Slope, AK, for a teacher apprenticeship and mentoring program, including instructor stipends	500,000	Murkowski
Department of Education	Innovation and Improvement	Jacob's Pillow Dance Festival, Inc., MA, for an arts education program	375,000	Markey, Warren
Department of Education	Innovation and Improvement	James City County, VA, to expand education and library services, including the purchase of a vehicle for use as a bookmobile	375,000	Kaine, Warner
Department of Education	Innovation and Improvement	Joe's Movement Emporium, MD, for after-school and in-school programs to enhance academic success through arts-based learning at William Beanes Elementary School	610,000	Alsobrooks
Department of Education	Innovation and Improvement	Jumpstart for Young Children, Inc., MA, for the Accelerated Workforce program for early childhood education	250,000	Markey, Warren
Department of Education	Innovation and Improvement	Junior Achievement of Georgia, Inc., GA, for workforce development and financial literacy education programs for middle school students	859,000	Ossoff
Department of Education	Innovation and Improvement	KAMP Hawaii, HI, for education and mentoring programs, including the purchase of a vehicle	350,000	Schatz
Department of Education	Innovation and Improvement	Kent Intermediate School District, MI, for career and technical education	750,000	Peters
Department of Education	Innovation and Improvement	Lanai High and Elementary School Foundation, HI, to develop the community school model at Lanai High and Elementary School	120,000	Hirono
Department of Education	Innovation and Improvement	Launching Educational Assistance Program Forward Inc. LEAP Forward Inc., MD, for STEM education	241,000	Alsobrooks, Van Hollen
Department of Education	Innovation and Improvement	Learning Point Alaska, AK, for a tutoring program	339,000	Murkowski

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Learning Undeated, Inc., MD, for a mobile STEM workforce development program for secondary and postsecondary students	675,000	Van Hollen
Department of Education	Innovation and Improvement	Liberty Science Center, NJ, for environmental education programming, which may include the acquisition of a vehicle and up to two portable planetariums	559,000	Booker
Department of Education	Innovation and Improvement	Lincoln Center for the Performing Arts, Inc., NY, for arts education programming	750,000	Schumer
Department of Education	Innovation and Improvement	Living Classrooms Foundation, MD, for music education, including by acquiring and equipping a mobile music lab bus	810,000	Alsobrooks, Van Hollen
Department of Education	Innovation and Improvement	Maryland State Department of Education (MSDE), MD, to improve early childhood education programs, including through a new statewide enrollment system	500,000	Alsobrooks
Department of Education	Innovation and Improvement	Melwood Community Services, Inc. MD, for an afterschool program	235,000	Alsobrooks, Van Hollen
Department of Education	Innovation and Improvement	Mid-Shore Community Foundation—Bellevue Passage Museum, MD, for STEAM education	129,000	Alsobrooks
Department of Education	Innovation and Improvement	Millinocket School Department, ME, for equipment, textbooks and educational materials for education programs	1,448,000	King
Department of Education	Innovation and Improvement	Milwaukee Jewish Federation, WI, for education on and prevention of antisemitism	312,000	Baldwin
Department of Education	Innovation and Improvement	Mississippi School of the Arts, MS, for a college and career readiness program, including tuition assistance, and the purchase of equipment and supplies	500,000	Hyde-Smith
Department of Education	Innovation and Improvement	Montclair Film Festival Inc., NJ, for film education programs	80,000	Booker
Department of Education	Innovation and Improvement	National Youth Science Academy, WV, for the purchase of equipment and technology	500,000	Capito, Justice
Department of Education	Innovation and Improvement	New Hampshire School Principals Foundation, NH, for a workforce development school leadership initiative	342,000	Shaheen



Department of Education	Innovation and Improvement	New Jersey Performing Arts Center, NJ, for equipment and technology for arts education	552,000	Booker
Department of Education	Innovation and Improvement	New Mexico State University, NM, for K–12 AI curriculum development and professional development programs	762,000	Heinrich, Luján
Department of Education	Innovation and Improvement	New Mexico State University, NM, for professional development	480,000	Heinrich
Department of Education	Innovation and Improvement	New Mexico State University, NM, to improve bilingual education	250,000	Heinrich
Department of Education	Innovation and Improvement	New Urban Arts, RI, for education and curriculum development, including student stipends	150,000	Reed
Department of Education	Innovation and Improvement	NJ Tech Council, NJ, for workforce development, career readiness, and education and training in business development and entrepreneurship	1,450,000	Booker, Kim
Department of Education	Innovation and Improvement	North Slope Borough School District, AK, for Inupiaq curriculum and instruction	500,000	Murkowski
Department of Education	Innovation and Improvement	Northwest Maritime, WA, for a maritime workforce pilot program for high school students to develop workforce-ready skills and competencies	1,500,000	Cantwell
Department of Education	Innovation and Improvement	Ocean Exploration Trust, Inc., CT, for educational exhibit on ocean exploration	407,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Operation Shoestring, MS, for an out of school time program	515,000	Hyde-Smith
Department of Education	Innovation and Improvement	Pablo Center at the Confluence, WI, for STEAM education and workforce readiness programs	900,000	Baldwin
Department of Education	Innovation and Improvement	Page Ahead Children's Literacy Program, WA, for a summer reading program	300,000	Murray
Department of Education	Innovation and Improvement	PATCH—People Attentive to Children, HI, to improve school readiness through the expansion of a credentialing program for early childhood practitioners, including stipends	250,000	Hirono
Department of Education	Innovation and Improvement	Philharmonic-Symphony Society of New York, Inc., NY, for music education programs	2,000,000	Schumer
Department of Education	Innovation and Improvement	Pierce County, WA, to improve early childhood school readiness and education outcomes	525,000	Murray

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Prevention and Response Columbia County, WI, for mental health and substance use prevention programs	97,000	Baldwin
Department of Education	Innovation and Improvement	Project SYNCERE, IL, for equipment for STEM education programs	200,000	Duckworth
Department of Education	Innovation and Improvement	Purple Maia Foundation, HI, for an early college program	360,000	Hirono
Department of Education	Innovation and Improvement	Reach for the Top Therapy Services, NH, to expand speech language and communication services	181,000	Shaheen
Department of Education	Innovation and Improvement	Reading Assist, DE, to expand a tutoring program	1,000,000	Coons
Department of Education	Innovation and Improvement	Research Foundation of the City University of New York—CUNY School of Labor and Urban Studies Foundation, Inc., NY, to develop the Public Service Training Corps, including scholarships and stipends	600,000	Schumer
Department of Education	Innovation and Improvement	Rhode Island Marine Trade Association, RI, for workforce training for high school students	480,000	Whitehouse
Department of Education	Innovation and Improvement	Rhode Island Philharmonic Orchestra & Music School, RI, for music education	450,000	Reed
Department of Education	Innovation and Improvement	RI Department of State, RI, for civics education programming	130,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Roaring Fork School District, CO, to expand school-based mental health programs	250,000	Bennet, Hickenlooper
Department of Education	Innovation and Improvement	Round Valley School District, AZ, for a laptop computer replacement initiative	600,000	Gallego, Kelly
Department of Education	Innovation and Improvement	SAU #2, NH, for expenses of an Executive Director to develop a proposal for the creation of a regional school in the Lakes Region for children with intensive learning needs from preschool through grade 8	225,000	Shaheen
Department of Education	Innovation and Improvement	Science Museum of Minnesota, MN, to establish regional STEM Educator Resource Centers	2,500,000	Klobuchar, Smith
Department of Education	Innovation and Improvement	SciTech2U Inc, MD, for science education programs	214,000	Van Hollen

Department of Education	Innovation and Improvement	Shiawassee Regional Education Service District, MI, for equipment for career and technical education	267,000	Peters
Department of Education	Innovation and Improvement	Society of Hispanic Professional Engineers (SHPE), CA, for STEM education programming	236,000	Padilla
Department of Education	Innovation and Improvement	South Carolina Department of Education, SC, for Liberty STEAM Charter School to support the expansion of an additional grade	1,752,000	Graham
Department of Education	Innovation and Improvement	St. Ann's Warehouse, Inc., NY, for arts education programming	115,000	Schumer
Department of Education	Innovation and Improvement	Tacoma School District No 10 DBA Tacoma Public Schools, WA, for a maritime skills program for secondary students	500,000	Murray
Department of Education	Innovation and Improvement	Teaching Matters, Inc., NJ, for professional development and support	500,000	Booker, Kim
Department of Education	Innovation and Improvement	Team Long Run, ME, for a literacy program	250,000	Collins
Department of Education	Innovation and Improvement	The Brooklyn Academy of Music, Inc., NY, to improve academic achievement through arts-based education programming	1,000,000	Schumer
Department of Education	Innovation and Improvement	The Coalition for African Americans in the Performing Arts, MD, for arts education	150,000	Asobrooks
Department of Education	Innovation and Improvement	The Learning Lamp, Inc., PA, to improve early childhood education programs	100,000	Fetterman
Department of Education	Innovation and Improvement	The Narragansett Indian Tribe, RI, for out-of-school-time programming	500,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	The National Aquarium, MD, for an environmental education program, including conservation themed youth programming and community service	172,000	Asobrooks
Department of Education	Innovation and Improvement	The Possible Zone, MA, for dual enrollment, career pathways, out-of-school time, and social emotional learning programs	800,000	Markey, Warren
Department of Education	Innovation and Improvement	Three Rivers Education Foundation, NM, for an early childhood literacy initiative	250,000	Heinrich
Department of Education	Innovation and Improvement	Tree of Life, Inc., PA, for educational initiatives on antisemitism and identity-based hate for elementary and secondary education	1,200,000	Fetterman

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Tri County Area Schools, MI, to acquire and install playground equipment for an early childhood education center	50,000	Peters
Department of Education	Innovation and Improvement	United Way of Delaware Inc., DE, for a literacy initiative	1,500,000	Blunt Rochester
Department of Education	Innovation and Improvement	United Way of Kenosha County, WI, for literacy programs	278,000	Baldwin
Department of Education	Innovation and Improvement	United Way of the Greater Lehigh Valley, PA, to develop data infrastructure among community schools in the Greater Lehigh Valley	190,000	Fetterman
Department of Education	Innovation and Improvement	University of Nevada—Las Vegas, NV, for Holocaust and Genocide studies education programs in Nevada	700,000	Cortez Masto, Rosen
Department of Education	Innovation and Improvement	University of New Mexico, NM, for language instruction and preservation in rural communities	798,000	Luján
Department of Education	Innovation and Improvement	Ute Mountain Ute Tribe, CO, for Ute language and history preservation curriculum development and education programming	1,400,000	Bennet, Hickenlooper
Department of Education	Innovation and Improvement	Virginia Commemorations, Inc., VA, for education programs related to America's founding in honor of the country's 250th anniversary	900,000	Kaine, Warner
Department of Education	Innovation and Improvement	Vision To Learn, OR, for vision care services for students in under-resourced schools, including the purchase of a mobile vision clinic and a vehicle	1,369,000	Merkley, Wyden
Department of Education	Innovation and Improvement	Wagner Free Institute of Science, PA, for science and arts education programs	100,000	Fetterman
Department of Education	Innovation and Improvement	Washington County Public Schools, VA, for equipment and installation of accessible playgrounds at Greendale Elementary and Abingdon Elementary Schools	750,000	Kaine, Warner
Department of Education	Innovation and Improvement	Wharton Institute for the Performing Arts Inc, NJ, for music education	90,000	Booker
Department of Education	Innovation and Improvement	YMCA of Greater Nashua, NH, for summer learning programming through the Power Scholars Academy	95,000	Shaheen

Department of Education	Innovation and Improvement	Youth Guidance, IL, for mentoring programs in Chicago Public Schools	500,000	Durbin
Department of Education	Higher Education	Abraham Baldwin Agricultural College, GA, for improving teacher preparation programs, including the purchase of equipment	790,000	Ossoff
Department of Education	Higher Education	Alabama Community College System, AL, for the purchase of equipment	5,746,000	Britt
Department of Education	Higher Education	Alaska Christian College, AK, for student support services, including stipends and supplies	100,000	Murkowski
Department of Education	Higher Education	Alaska Christian College, AK, for the purchase of equipment	100,000	Murkowski
Department of Education	Higher Education	Albertus Magnus College, CT, for improving a nursing education program, including scholarships and the purchase of equipment	1,567,000	Blumenthal, Murphy
Department of Education	Higher Education	Applied Research Foundation of West Virginia, WV, for campus security upgrades	1,105,000	Capito, Justice
Department of Education	Higher Education	Arizona State University, AZ, for improving health care workforce training, including the purchase of equipment	2,500,000	Gallego, Kelly
Department of Education	Higher Education	Barton County Community College, KS, for the purchase of equipment	425,000	Moran
Department of Education	Higher Education	Bethany College, WV, to support nursing education, including the purchase of equipment	1,150,000	Capito, Justice
Department of Education	Higher Education	Blue Ridge Community and Technical College, WV, for aviation maintenance education, including the purchase of equipment	445,000	Capito
Department of Education	Higher Education	Camden County College, NJ, for the purchase of equipment	115,000	Booker
Department of Education	Higher Education	Campbellsville University, KY, to support mental health care education	3,000,000	McConnell
Department of Education	Higher Education	Canisius University, NY, for expanding education programs, including purchasing equipment	1,000,000	Schumer
Department of Education	Higher Education	Cape Cod Community College, MA, to improve health sciences education, including purchasing equipment and technology	1,135,000	Markey, Warren

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Cape Fear Community College, NC, to support technical education, including the purchase of equipment and supplies	650,000	Tillis
Department of Education	Higher Education	Central Maine Community College, ME, for the purchase of equipment and supplies	1,000,000	Collins
Department of Education	Higher Education	Central New Mexico Community College, NM, for expanding education and workforce training, including the purchase of equipment and providing scholarships	1,135,000	Heinrich, Luján
Department of Education	Higher Education	Century College, MN, for expanding access to open educational resources for students, including purchasing e-books, texts and equipment, and providing stipends	346,000	Klobuchar, Smith
Department of Education	Higher Education	Chamber of Commerce of the Borough of Queens Inc. NY, for a cybersecurity education and training program, including the purchase of technology and equipment	1,500,000	Gillibrand
Department of Education	Higher Education	Charleston Animal Society, SC, to support veterinary education, including student stipends and the purchase of equipment and supplies	1,052,000	Graham
Department of Education	Higher Education	Charleston Southern University Aeronautics, SC, to support aeronautics education, including for the purchase of equipment	1,250,000	Graham
Department of Education	Higher Education	Chesapeake College, MD, for improving health education, including the purchase of equipment	721,000	Alsobrooks, Van Hollen
Department of Education	Higher Education	Cincinnati State Technical and Community College, OH, to support the expansion of manufacturing education	3,000,000	Husted, Moreno
Department of Education	Higher Education	City College of San Francisco, CA, for a transportation program to help postsecondary students access education	1,000,000	Padilla
Department of Education	Higher Education	Clark Atlanta University, GA, for improving science education and cancer detection, including purchasing equipment and providing financial aid and stipends	850,000	Ossoff
Department of Education	Higher Education	Clayton State University, GA, for a crime scene investigation laboratory, including the purchase of equipment and student salaries	425,000	Ossoff, Warnock

Department of Education	Higher Education	Clemson University, SC, for curriculum development	500,000	Graham
Department of Education	Higher Education	Clemson University, SC, for veterinary education, including the purchase of equipment and technology	7,000,000	Graham
Department of Education	Higher Education	College of Charleston, SC, for applied sciences education, including scholarships and the purchase of equipment and technology	695,000	Graham
Department of Education	Higher Education	College of Dupage, IL, for improving electric vehicle education and training, including the purchase of equipment	350,000	Duckworth
Department of Education	Higher Education	College of Southern Maryland, MD, for aviation education and training, including the purchase of equipment	997,000	Alsobrooks, Van Hollen
Department of Education	Higher Education	College of Southern Nevada, NV, for improving education for firefighters, including the purchase of equipment	305,000	Cortez Masto, Rosen
Department of Education	Higher Education	Community College of Vermont (CCV), VT, for increasing health education in rural areas, including purchasing technology	1,662,000	Sanders
Department of Education	Higher Education	Community College System of New Hampshire, NH, for for improving community college education programs, including the purchase of equipment	2,000,000	Shaheen
Department of Education	Higher Education	Curry College, MA, for expanding education and workforce training, including the purchase of equipment	1,000,000	Markey, Warren
Department of Education	Higher Education	Dalton State College, GA, for expanding teacher training, including providing financial aid and stipends	556,000	Ossoff, Warnock
Department of Education	Higher Education	Delaware State University, DE, for Aviation Program Equipment for improving education, including the purchase of equipment	\$1,000,000	Coons, Blunt Rochester
Department of Education	Higher Education	Delta State University, MS, for aviation education, including the purchase of equipment	1,750,000	Hyde-Smith
Department of Education	Higher Education	Donnelly College, KS, for the purchase of equipment, technology, and supplies	94,000	Moran
Department of Education	Higher Education	East Carolina University, NC, for biomufacturing education, including the purchase of equipment and supplies	6,500,000	Tillis

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	East Stroudsburg University, PA, for expanding education programs, including the purchase of equipment	657,000	Fetterman
Department of Education	Higher Education	Eastern Mennonite University, VA, for improving STEM education programs, which may include the purchase of equipment	1,390,000	Kaine, Warner
Department of Education	Higher Education	Eastern Michigan University, MI, for expanding aviation education, including the purchase of equipment	985,000	Peters, Slotkin
Department of Education	Higher Education	Eastern Oregon University, OR, for an early college initiative including purchasing equipment and supplies	400,000	Merkley, Wyden
Department of Education	Higher Education	Elizabeth City State University, NC, for the purchase of aviation equipment	3,900,000	Tillis
Department of Education	Higher Education	Engage NJ, NJ, for expanding education and internship opportunities, including providing financial aid and stipends	1,464,000	Kim
Department of Education	Higher Education	Fairmont State University, WV, for the purchase of aviation equipment	1,650,000	Capito, Justice
Department of Education	Higher Education	Felician University, NJ, for improving education, including the purchase of equipment	675,000	Booker, Kim
Department of Education	Higher Education	Flint Hills Technical College, KS, for the purchase of equipment	320,000	Moran
Department of Education	Higher Education	Foundation for Grossmont and Cuyamaca Colleges, CA, for expanding educational opportunities for community college students, including purchasing equipment	655,000	Padilla, Schiff
Department of Education	Higher Education	Future 5, CT, for a college access and success program, including financial aid and student supports	559,000	Blumenthal, Murphy
Department of Education	Higher Education	Garden City Community College, KS, for the purchase of equipment, technology, and supplies	450,000	Moran
Department of Education	Higher Education	Grand Valley State University, MI, for improving education for veterans and underserved students, including the purchase of equipment	500,000	Peters



Department of Education	Higher Education	Green River College, WA, for increasing educational opportunities for military families, including providing financial aid and purchasing equipment	750,000	Murray
Department of Education	Higher Education	Hawaii Pacific University, HI, for aquaculture education, including providing financial aid and purchasing equipment	1,147,000	Hirono, Schatz
Department of Education	Higher Education	Hesston College, KS, for the purchase of equipment and technology	800,000	Moran
Department of Education	Higher Education	Hinds Community College, MS, for aviation education, including the purchase of equipment	1,500,000	Hyde-Smith
Department of Education	Higher Education	Hinds Community College, MS, for the purchase of equipment	236,000	Hyde-Smith
Department of Education	Higher Education	Horry-Georgetown Technical College, SC, for the purchase of equipment	2,000,000	Graham
Department of Education	Higher Education	Husson University, ME, to support marketing education, including for the purchase of equipment and supplies	1,100,000	Collins, King
Department of Education	Higher Education	Ilisagvik College, AK, to support science education, including the purchase of equipment	191,000	Murkowski
Department of Education	Higher Education	Illinois Wesleyan University, IL, to expand nursing and health education, including the purchase of equipment	1,000,000	Durbin
Department of Education	Higher Education	Independence Community College, KS, for the purchase of equipment	300,000	Moran
Department of Education	Higher Education	Jeremiah Program, MD, for supporting students in postsecondary or graduate education, including financial aid, scholarships, and child care	139,000	Van Hollen
Department of Education	Higher Education	Kansas State University, KS, for the purchase of equipment and technology	4,900,000	Moran
Department of Education	Higher Education	Keene State College, NH, for a workforce training program, including providing stipends and purchasing supplies	1,000,000	Shaheen
Department of Education	Higher Education	Kennebec Valley Community College, ME, for the purchase of equipment and supplies	1,019,000	Collins
Department of Education	Higher Education	Kennebec Valley Community College, ME, for the purchase of equipment and technology	180,000	Collins

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Lane Community College, OR, for improving education and apprenticeship opportunities, including the purchase of equipment and technology	1,600,000	Merkley, Wyden
Department of Education	Higher Education	Lehigh Carbon Community College, PA, to support STEM education, including the purchase of equipment and technology	463,000	McCormick
Department of Education	Higher Education	Los Rios Community College District, CA, for expanding an adult learning program, including purchasing technology and providing financial aid	901,000	Padilla, Schiff
Department of Education	Higher Education	Loyola College of Nursing and Health, LA, for nursing education	2,850,000	Cassidy
Department of Education	Higher Education	Macomb Community College, MI, for academic support services, including the purchase of technology	230,000	Peters
Department of Education	Higher Education	Madisonville Community College, KY, for the purchase of aviation equipment	2,000,000	McConnell
Department of Education	Higher Education	Maine Maritime Academy, ME, for the purchase of equipment and supplies	2,800,000	Collins
Department of Education	Higher Education	Maine Maritime Academy, ME, to support maritime education	1,170,000	Collins
Department of Education	Higher Education	Manhattan Area Technical College, KS, for the purchase of equipment	244,000	Moran
Department of Education	Higher Education	Maricopa County Community College District, AZ, for expanding radiology education, including the purchase of equipment	2,520,000	Gallego, Kelly
Department of Education	Higher Education	Marquette University School of Dentistry (MUSOD), WI, for dental education, including the purchase of equipment	2,000,000	Baldwin
Department of Education	Higher Education	Marshall University Research Corporation, WV, for the purchase of equipment and to develop curriculum, including financial aid	1,500,000	Capito, Justice
Department of Education	Higher Education	Mercyhurst University, PA, for the purchase of equipment and technology	880,000	McCormick
Department of Education	Higher Education	Middle Georgia State University, GA, for aviation education, including the purchase of equipment	3,480,000	Ossoff, Warnock

Department of Education	Higher Education	Milwaukee Area Technical College, WI, for supporting parenting students, including providing financial aid and scholarships	500,000	Baldwin
Department of Education	Higher Education	Minnesota State University Moorhead, MN, for improving education and training for counselors, including financial aid and stipends	901,000	Klobuchar, Smith
Department of Education	Higher Education	Mississippi Community College Board, MS, to expand nursing degree programs, including for faculty stipends	5,000,000	Hyde-Smith
Department of Education	Higher Education	Mississippi State University, MS, for the purchase of equipment	6,459,000	Hyde-Smith, Wicker
Department of Education	Higher Education	Mississippi State University, MS, to support physician assistant education	500,000	Hyde-Smith, Wicker
Department of Education	Higher Education	Mohave Community College, AZ, for improving automotive education, including the purchase of equipment	2,500,000	Gallego, Kelly
Department of Education	Higher Education	Mohawk Valley Community College, NY, for education and training, including the purchase of equipment	800,000	Schumer
Department of Education	Higher Education	Morris Brown College, GA, for workforce development, including the purchase of equipment, providing financial aid, and providing stipends	1,500,000	Ossoff
Department of Education	Higher Education	Nevada Governor's Office of Economic Development (GOED), NV, for expanding an internship program, including providing financial aid and stipends	4,530,000	Cortez Masto, Rosen
Department of Education	Higher Education	New Jersey Institute of Technology, NJ, for cybersecurity education, including the purchase of equipment	1,000,000	Booker
Department of Education	Higher Education	New Jersey Institute of Technology, NJ, for improving education and research opportunities, including the purchase of equipment	2,890,000	Kim
Department of Education	Higher Education	Niagara University, NY, for improving education, including purchasing equipment and technology upgrades	525,000	Schumer
Department of Education	Higher Education	Northcentral Technical College, WI, for education and workforce development, including providing financial aid, purchasing equipment and supplies, and apprenticeship wages	3,207,000	Baldwin

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Northeastern Technical College, SC, for the purchase of equipment, technology, and supplies	1,500,000	Graham
Department of Education	Higher Education	Northern Maine Community College, ME, to support electrical and instrumentation technician education, including the purchase of supplies	1,304,000	Collins, King
Department of Education	Higher Education	Northern Maine Community College, ME, to support nursing and allied health education, including the purchase of equipment	650,000	Collins, King
Department of Education	Higher Education	Northern Michigan University, MI, for improving cybersecurity education, including purchasing equipment and technology	606,000	Peters
Department of Education	Higher Education	Northern New Mexico College, NM, for improving healthcare career pathways, including curriculum development	40,000	Luján
Department of Education	Higher Education	Northwest Indian College, WA, for cybersecurity education, including the purchase of equipment	500,000	Murray
Department of Education	Higher Education	Northwest Technical College, MN, for improving manufacturing education and training programs, which may include the purchase of equipment and providing stipends	1,900,000	Klobuchar, Smith
Department of Education	Higher Education	Onward We Learn, RI, for college access and support services	600,000	Reed, Whitehouse
Department of Education	Higher Education	Parkland College, IL, for expanding aviation education and training, including the purchase of equipment	1,050,000	Duckworth
Department of Education	Higher Education	Piedmont Technical College, SC, for a mobile welding lab, including the purchase of equipment	1,000,000	Graham
Department of Education	Higher Education	Piedmont University, GA, for forensic science education, including the purchase of equipment	608,000	Ossoff
Department of Education	Higher Education	Plymouth State University, NH, for improving education, including the purchase of equipment	1,000,000	Shaheen

Department of Education	Higher Education	Pratt Community College, KS, for the purchase of equipment	1,400,000	Moran
Department of Education	Higher Education	Presbyterian College, SC, for the purchase of equipment and technology	224,000	Graham
Department of Education	Higher Education	Prince George's Community College, MD, for expanding quantum based education and training including purchasing equipment and providing stipends	1,826,000	Alsobrooks, Van Hollen
Department of Education	Higher Education	Providence College, RI, for improving neuroscience education, including providing financial aid and purchasing equipment	800,000	Reed
Department of Education	Higher Education	Quincy University, IL, to expand education programs, including the purchase of equipment	1,320,000	Durbin
Department of Education	Higher Education	Randolph College, VA, for improving STEM education programs, which may include the purchase of equipment	1,500,000	Kaine, Warner
Department of Education	Higher Education	Red Lake Nation College, MN, for improving postsecondary and career pathways programs, including purchasing equipment and providing internship stipends	666,000	Klobuchar, Smith
Department of Education	Higher Education	Renton Technical College, WA, for aerospace education, including the purchase of equipment and classroom supplies	2,645,000	Murray
Department of Education	Higher Education	Research Foundation of the City University of New York—Baruch College, NY, for cybersecurity education, including the purchase of equipment and providing stipends	400,000	Schumer
Department of Education	Higher Education	Research Foundation of the City University of New York—Brooklyn College, NY, for health education, including purchasing equipment and providing stipends	800,000	Schumer
Department of Education	Higher Education	Rhode Island College, RI, for academic supports for students, including tutors	690,000	Reed
Department of Education	Higher Education	Rhode Island College, RI, for improving cybersecurity and technology education programs, including the purchase of equipment and technology	3,000,000	Reed
Department of Education	Higher Education	Rio Hondo Community College District, CA, for improving firefighting education, including the purchase of equipment	790,000	Padilla, Schiff
Department of Education	Higher Education	Roanoke College, VA, to expand education programs, including the purchase of a van	274,000	Kaine, Warner

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Saginaw Valley State University, MI, for improving environmental research opportunities for students, including purchasing equipment	1,500,000	Peters
Department of Education	Higher Education	Salina Area Technical College, KS, for the purchase of equipment	200,000	Moran
Department of Education	Higher Education	Salt Lake Community College, UT, to purchase equipment, technology, and supplies	1,357,000	Curtis
Department of Education	Higher Education	Schoolcraft Community College District, MI, for an apprenticeship program, including purchasing equipment and providing financial aid and student stipends	2,000,000	Peters
Department of Education	Higher Education	Siena College, NY, for STEM education, including purchasing equipment and providing stipends	1,000,000	Schumer
Department of Education	Higher Education	South Dakota State University—College of Nursing, SD, for the purchase of equipment and supplies	2,953,000	Rounds
Department of Education	Higher Education	South Dakota State University, SD, for curriculum development, including the purchase of technology	750,000	Rounds
Department of Education	Higher Education	Southern Arkansas University Tech, AR, for the purchase of equipment and supplies	5,000,000	Boozman
Department of Education	Higher Education	Southside Virginia Community College, VA, for improving criminal justice education programs, which may include purchasing equipment and providing financial aid	940,000	Kaine, Warner
Department of Education	Higher Education	Spelman College, GA, to expand educational opportunities, including the purchase of equipment and paying rental costs	1,000,000	Ossoff, Warnock
Department of Education	Higher Education	St. Cloud Technical & Community College, MN, for improving an aircraft maintenance training program, including purchasing equipment and student supplies	1,154,000	Klobuchar, Smith
Department of Education	Higher Education	The Civic Action Project, Inc., MA, for an education fellowship program, including providing financial aid and stipends	100,000	Markey, Warren
Department of Education	Higher Education	The College of New Jersey, NJ, for expanding education programs, including purchasing vans, providing financial aid and stipends, and providing internships	660,000	Kim

Department of Education	Higher Education	Thomas College, ME, for STEM education, including curriculum and the purchase of equipment, technology, and supplies	1,100,000	Collins, King
Department of Education	Higher Education	Tri-County Technical College, SC, for the purchase of equipment	1,000,000	Graham
Department of Education	Higher Education	Trident Technical College, SC, to support maritime trades education, including the purchase of equipment and supplies	1,500,000	Graham
Department of Education	Higher Education	Tuskegee University, AL, for an aviation and aerotechnology program, including scholarships	5,290,000	Britt
Department of Education	Higher Education	University of Alaska Southeast, AK, for professional development, including the purchase of equipment	855,000	Murkowski
Department of Education	Higher Education	University of Arkansas-Fayetteville, AR, to support national security education	750,000	Boozman
Department of Education	Higher Education	University of Maine System, ME, for the purchase of equipment	500,000	Collins
Department of Education	Higher Education	University of Maine System, ME, for the purchase of equipment and supplies	2,400,000	Collins, King
Department of Education	Higher Education	University of Montevallo, AL, for nursing education equipment and supplies	1,000,000	Britt
Department of Education	Higher Education	University of Nevada Las Vegas, NV, for expanding apprenticeships, including the purchase of equipment and supplies	2,817,000	Cortez Masto, Rosen
Department of Education	Higher Education	University of New Mexico, NM, for a teacher residency program, including providing stipends	512,000	Heinrich, Luján
Department of Education	Higher Education	University of Northern Colorado Foundation, CO, for improving science education, including the purchase of equipment	300,000	Bennet, Hickenlooper
Department of Education	Higher Education	University of South Carolina, SC, for curriculum development	500,000	Graham
Department of Education	Higher Education	University of South Carolina, SC, for curriculum development, including the purchase of technology and supplies	1,000,000	Graham
Department of Education	Higher Education	University of Vermont and State Agricultural College, VT, for expanding education, including purchasing equipment and providing tuition	2,700,000	Welch

## CONGRESSIONALLY DIRECTED SPENDING ITEMS—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	University of West Alabama, AL, for nursing education facilities and equipment	1,800,000	Britt
Department of Education	Higher Education	Urban League of Greater Hartford, Inc., CT, for college success programming including financial aid and stipends, school supplies, and the purchase of technology equipment	500,000	Blumenthal, Murphy
Department of Education	Higher Education	Vermont State Colleges System, VT, for education and training, including the purchase of equipment	2,500,000	Welch
Department of Education	Higher Education	Virginia Commonwealth University, VA, for supporting internship opportunities that provide work-based learning experiences, which may include stipends and scholarships	430,000	Kaine, Warner
Department of Education	Higher Education	Washburn Institute of Technology, KS, for the purchase of equipment	1,600,000	Moran
Department of Education	Higher Education	Washington State University, WA, for expanding health care pathways programs, including the purchase of equipment	915,000	Murray
Department of Education	Higher Education	Waubensee Community College, IL, for improving education opportunities for parenting students, including purchasing technology upgrades and accessible furniture	450,000	Duckworth
Department of Education	Higher Education	Wesleyan University, CT, for improving education programs, including providing financial aid and scholarships	1,000,000	Blumenthal, Murphy
Department of Education	Higher Education	West Virginia Wesleyan College, WV, for improving heating and cooling systems, which may include the purchase of equipment	2,583,000	Capito
Department of Education	Higher Education	Western Colorado University, CO, for nursing education, including the purchase of equipment and technology, financial aid for students, and supportive services for students	1,940,000	Bennet, Hickenlooper
Department of Education	Higher Education	Western Michigan University, MI, for education and training in aviation, including purchasing equipment	819,000	Peters



Department of Education	Higher Education	Western Nevada College, NV, for culinary education, including the purchase of equipment	1,450,000	Cortez Masto, Rosen
Department of Education	Higher Education	Western Oklahoma State College, OK, for the purchase of equipment and technology	3,500,000	Mullin
Department of Education	Higher Education	Wor-Wic Community College, MD, for education and training in the culinary arts, including the purchase of equipment	223,000	Alsobrooks, Van Hollen

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026

[In thousands of dollars]

Item	Committee recommendation
TITLE I—DEPARTMENT OF LABOR	
EMPLOYMENT AND TRAINING ADMINISTRATION	
Training and Employment Services	
Grants to States:	
Adult Training, current year appropriations .....	163,649
Available from prior year appropriations .....	712,000
Subtotal, available this fiscal year .....	875,649
Advance appropriation FY 2027 .....	712,000
less prior year appropriations .....	— 712,000
Subtotal, appropriated in this bill .....	875,649
Youth Training .....	948,130
Dislocated Worker Assistance, current year appropriations .....	235,553
Available from prior year appropriations .....	860,000
Subtotal, available this fiscal year .....	1,095,553
Advance appropriation FY 2027 .....	860,000
less prior year appropriations .....	— 860,000
Subtotal, appropriated in this bill .....	1,095,553
Subtotal, Grants to States .....	2,919,332
Current year appropriations .....	(1,347,332)
Advance appropriations .....	(1,572,000)
National Programs:	
Dislocated Worker Assistance National Reserve:	
Current year appropriations .....	100,859
Available from prior year appropriations .....	200,000
Subtotal, available this fiscal year .....	300,859
Advance appropriations FY 2027 .....	200,000
less prior year appropriations .....	— 200,000
Subtotal, appropriated in this bill .....	300,859
Subtotal, Dislocated Worker Assistance .....	1,396,412
Native American programs .....	60,000
Migrant and Seasonal Farmworker programs .....	97,396
YouthBuild activities .....	105,000
Reintegration of Ex-Offenders .....	110,000
Workforce Data Quality Initiative .....	6,000
Apprenticeship programs .....	285,000
Congressionally Directed Spending .....	93,501
Subtotal, National Programs .....	1,057,756
Current year appropriations .....	857,756
Advance appropriations .....	200,000
Total, Training and Employment Services .....	3,977,088
Current year appropriations .....	(2,205,088)
Advance appropriations .....	(1,772,000)

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

(In thousands of dollars)

Item	Committee recommendation
<b>Job Corps</b>	
Operations .....	1,603,325
Construction, Rehabilitation and Acquisition .....	123,000
Administration .....	33,830
Total, Job Corps .....	1,760,155
Community Service Employment For Older Americans .....	395,000
Federal Unemployment Benefits and Allowances (indefinite) .....	50,300
<b>State Unemployment Insurance and Employment Service Operations</b>	
<b>Unemployment Insurance [UI] Compensation (trust fund)</b>	
State Administration .....	2,750,635
Reemployment Services and Eligibility Assessments (RESEA)—UI integrity .....	117,000
RESEA cap adjustment .....	350,000
UI Integrity Center of Excellence .....	9,000
Subtotal, Unemployment Compensation .....	3,226,635
Unemployment Insurance National Activities (trust fund) .....	18,000
<b>Employment Service [ES]:</b>	
<b>Grants to States:</b>	
Federal Funds .....	21,413
Trust Funds .....	653,639
Subtotal, Grants to States .....	675,052
ES National Activities (trust fund) .....	20,000
Subtotal, Employment Service .....	695,052
Federal Funds .....	(21,413)
Trust Funds .....	(673,639)
<b>Foreign Labor Certifications:</b>	
Federal Administration .....	60,528
Grants to States .....	23,282
Subtotal, Foreign Labor Certification .....	83,810
One-Stop Career Centers/Labor Market Information .....	57,653
Total, State Unemployment Insurance and Employment Service Operations .....	4,081,150
Federal Funds .....	(79,066)
Trust Funds .....	(4,002,084)
<b>Program Administration</b>	
Training and Employment .....	54,919
Trust Funds .....	9,253
Employment Security .....	3,621
Trust Funds .....	42,574
Apprenticeship Services .....	38,913
Executive Direction .....	7,074
Trust Funds .....	2,079
Total, Program Administration .....	158,433
Federal Funds .....	(104,527)
Trust Funds .....	(53,906)

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Total, Employment and Training Administration .....	10,422,126
Federal Funds .....	6,366,136
Current year appropriations .....	(4,594,136)
Advance appropriations .....	(1,772,000)
Trust Funds .....	4,055,990
VETERANS EMPLOYMENT AND TRAINING SERVICE	
Veterans' Employment and Training Service	
State Administration, Grants .....	185,000
Transition Assistance Program .....	34,379
Federal Administration .....	47,048
National Veterans' Employment and Training Services Institute .....	3,414
Homeless Veterans' Programs .....	65,500
Total, Veterans' Employment and Training .....	335,341
Federal Funds .....	65,500
Trust Funds .....	(269,841)
EMPLOYEE BENEFITS SECURITY ADMINISTRATION	
Salaries and Expenses	
Employee Benefits Security Programs .....	191,100
Total, Employee Benefits Security Administration .....	191,100
PENSION BENEFIT GUARANTY CORPORATION	
Pension Benefit Guaranty Corporation Fund .....	(494,264)
WAGE AND HOUR DIVISION	
Salaries and Expenses .....	260,000
OFFICE OF LABOR-MANAGEMENT STANDARDS	
Salaries and Expenses .....	48,515
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS	
Salaries and Expenses .....	105,976
OFFICE OF WORKERS' COMPENSATION PROGRAMS	
Salaries and Expenses .....	120,500
Trust Funds .....	2,205
Total, Salaries and Expenses .....	122,705
Special Benefits	
Federal Employees' Compensation Benefits .....	1,296,385
Longshore and Harbor Workers' Benefits .....	2,000
Total, Special Benefits .....	1,298,385
Energy Employees Occupational Illness Compensation Fund	
Administrative Expenses .....	68,148
Special Benefits for Disabled Coal Miners	
Benefit Payments .....	25,600
Administration .....	4,985

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Subtotal, available this fiscal year .....	30,585
Advance appropriations, FY 2027, 1st quarter .....	5,900
Less prior year advance appropriations .....	— 6,000
Total, appropriated in this bill .....	30,485
Black Lung Disability Trust Fund	
Benefit Payments and Interest on Advances .....	386,796
Workers' Compensation Programs, Salaries and Expenses .....	50,684
Departmental Management, Salaries and Expenses .....	39,086
Departmental Management, Inspector General .....	373
Subtotal, Black Lung Disability Trust Fund .....	476,939
Treasury Department Administrative Costs .....	356
Total, Black Lung Disability Trust Fund .....	477,295
Total, Office of Workers' Compensation Programs .....	1,997,018
Federal Funds .....	1,994,813
Current year appropriations .....	(1,988,913)
Advance appropriations .....	(5,900)
Trust Funds .....	2,205
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION	
Salaries and Expenses	
Safety and Health Standards .....	21,000
Federal Enforcement .....	243,000
Whistleblower enforcement .....	22,500
State Programs .....	120,000
Technical Support .....	26,000
Compliance Assistance:	
Federal Assistance .....	78,262
State Consultation Grants .....	63,160
Training Grants .....	12,787
Subtotal, Compliance Assistance .....	154,209
Safety and Health Statistics .....	35,500
Executive Direction and Administration .....	10,100
Total, Occupational Safety and Health Administration .....	632,309
MINE SAFETY AND HEALTH ADMINISTRATION	
Salaries and Expenses	
Mine Safety and Health Enforcement .....	265,774
Standards Development .....	5,000
Assessments .....	7,191
Educational Policy and Development .....	39,820
Technical Support .....	36,041
Program Evaluation and Information Resources [PEIR] .....	17,990
Program Administration .....	16,000
Total, Mine Safety and Health Administration .....	387,816

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
BUREAU OF LABOR STATISTICS	
Salaries and Expenses	
Employment and Unemployment Statistics .....	249,952
Labor Market Information (trust fund) .....	68,000
Prices and Cost of Living .....	246,000
Compensation and Working Conditions .....	91,000
Productivity and Technology .....	12,000
Executive Direction and Staff Services .....	37,000
Total, Bureau of Labor Statistics .....	703,952
Federal Funds .....	635,952
Trust Funds .....	68,000
OFFICE OF DISABILITY EMPLOYMENT POLICY	
Salaries and Expenses .....	43,000
DEPARTMENTAL MANAGEMENT	
Salaries and Expenses	
Executive Direction .....	22,658
Departmental Program Evaluation .....	4,281
Legal Services .....	125,754
Trust Funds .....	308
International Labor Affairs .....	111,125
Administration and Management .....	28,450
Adjudication .....	35,000
Women's Bureau .....	23,000
Civil Rights Activities .....	7,586
Chief Financial Officer .....	5,681
GSA Technology Transformation .....	
Total, Salaries and Expenses .....	363,843
Federal Funds .....	(363,535)
Trust Funds .....	(308)
IT Modernization	
Departmental support systems .....	6,889
Infrastructure technology modernization .....	
Total, IT Modernization .....	6,889
Office of Inspector General	
Program Activities .....	91,187
Trust Funds .....	5,841
Total, Office of Inspector General .....	97,028
Total, Departmental Management .....	467,760
Federal Funds .....	(461,611)
Trust Funds .....	(6,149)
GENERAL PROVISIONS—DEPARTMENT OF LABOR	
Proceeds from Job Corps facilities (Sec 114) .....	1,000
Subtotal, Title I General Provisions .....	1,000

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Total, title I, Department of Labor .....	15,595,913
Federal Funds .....	(11,193,728)
Current year appropriations .....	(9,415,828)
Advance appropriations .....	(1,777,900)
Trust Funds .....	(4,402,185)
Total, Title I Department of Labor discretionary .....	13,671,300
Advance appropriations .....	( – 6,000)
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES	
PUBLIC HEALTH SERVICE	
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)	
Primary Health Care	
Health Centers .....	1,857,772
Free Clinics Medical Malpractice .....	1,000
Total, Primary Health Care .....	1,858,772
Health Workforce	
National Health Service Corps (NHSC) .....	128,600
Health Professions Training	
Centers of Excellence .....	25,422
Health Careers Opportunity Program .....	15,000
Faculty Loan Repayment .....	2,310
Scholarships for Disadvantaged Students .....	55,014
Subtotal, Training for Diversity .....	97,746
Primary Care Training and Enhancement .....	49,924
Oral Health Training .....	42,673
Interdisciplinary Community-Based Linkages:	
Area Health Education Centers .....	47,000
Geriatric Workforce Enhancement Program .....	48,245
Mental and Behavioral Health .....	44,053
Behavioral Health Workforce Education and Training .....	113,000
Subtotal, Interdisciplinary Community-Based Linkages .....	252,298
Substance Use Disorder Treatment and Recovery Loan Repayment Program .....	40,000
Workforce Information and Analysis .....	5,663
Public Health and Preventive Medicine programs .....	18,000
Subtotal, Health Professions Education and Training (Title VII) .....	506,304
Nursing Workforce Development Programs:	
Advanced Nursing Education .....	89,581
Nurse Education, Practice, Quality, and Retention .....	64,413
Nurse Practitioner Optional Fellowship Program .....	6,000
Nursing Workforce Diversity .....	22,343
Nurse Corps Scholarship and Loan Repayment .....	92,635
Nursing Faculty Loan Program .....	28,500
Subtotal, Nursing Workforce Development Programs (Title VIII) .....	303,472
Subtotal, Health Professions (Titles VII and VIII) .....	809,776
Children's Hospitals Graduate Medical Education .....	390,000

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Medical Student Education .....	45,000
Pediatric Specialty Loan Repayment .....	10,000
National Practitioner Data Bank .....	33,500
User Fees .....	— 33,500
Subtotal, Health Workforce .....	1,383,376
Maternal and Child Health	
Maternal and Child Health Services Block Grant:	
Maternal and Child Health Services Block Grant .....	603,584
Special Projects of Regional and National Significance .....	196,116
Subtotal, MCH Block Grant .....	799,700
Sickle Cell Disease .....	8,205
Autism and Other Developmental Disabilities .....	56,344
Heritable Disorders .....	20,883
Healthy Start .....	145,250
Early Hearing Detection and Intervention .....	18,818
Emergency Medical Services for Children .....	24,334
Screening and Treatment for Maternal Mental Health and Substance Use Disorders .....	12,000
Pediatric Mental Health Care Access .....	13,000
Innovation for Maternal Health .....	17,300
Maternal Mental Health Hotline .....	8,000
Poison Control Centers .....	26,846
Integrated Services for Pregnant and Postpartum Women .....	10,000
Subtotal, Maternal and Child Health .....	1,160,680
Ryan White HIV/AIDS Program	
Emergency Assistance (Part A) .....	680,752
Comprehensive Care Programs (Part B) .....	1,364,878
AIDS Drug Assistance Program [ADAP] .....	(900,313)
Early Intervention Program (Part C) .....	208,970
Children, Youth, Women, and Families (Part D) .....	77,935
AIDS Dental Services (Part F) .....	13,620
Education and Training Centers (Part F) .....	34,886
Special Projects of Regional and National Significance .....	25,000
Ending the HIV/AIDS Epidemic Initiative .....	165,000
Subtotal, Ryan White HIV/AIDS program .....	2,571,041
Health Systems	
Organ Transplantation .....	59,049
National Cord Blood Inventory .....	19,266
C W Bill Young Cell Transplantation Program .....	33,009
Hansen's Disease Services .....	13,706
Hansen's Disease Program—Buildings and Facilities .....	122
Payment to Hawaii, Treatment of Hansen's .....	1,857
Subtotal, Health Systems .....	127,009
Rural Health	
Rural Outreach Grants .....	103,975
Rural Health Research .....	11,076
Rural Hospital Flexibility Grants .....	66,277
State Offices of Rural Health .....	13,500
Black Lung Clinics .....	12,190



## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Radiation Exposure Screening and Education Program .....	1,889
Rural Communities Opioid Response .....	145,000
Rural Residency Planning and Development Program .....	14,000
Rural Hospital Stabilization .....	6,000
Subtotal, Rural Health .....	373,907
Family Planning (Title X) .....	286,479
HRSA-Wide Activities and Program Support	
Program Management .....	150,000
Congressionally Directed Spending .....	873,748
Office of Pharmacy Affairs (340B Program) .....	12,238
Office for the Advancement of Telehealth .....	42,050
Subtotal, HRSA-Wide Activities and Program Support .....	1,078,036
Total, Health Resources and Services .....	8,839,300
Vaccine Injury Compensation Program Trust Fund	
Post-FY 1988 Claims .....	272,062
HRSA Administrative expenses .....	15,200
Total, Vaccine Injury Compensation Trust Fund .....	287,262
Covered Countermeasures Process Fund .....	7,000
Total, Health Resources and Services Administration .....	9,133,562
Discretionary .....	(8,861,500)
Mandatory .....	(272,062)
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)	
Immunization and Respiratory Diseases .....	358,333
Prevention and Public Health Fund .....	(554,958)
Subtotal .....	913,291
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention .....	1,381,056
Emerging and Zoonotic Infectious Diseases .....	711,272
Prevention and Public Health Fund .....	(52,000)
Subtotal, EZID program level .....	763,272
Chronic Disease Prevention and Health Promotion .....	1,088,497
Prevention and Public Health Fund .....	(340,417)
Subtotal, Chronic Disease Prevention and Health Promotion, program level .....	1,428,914
Birth Defects, Developmental Disabilities, Disabilities and Health .....	205,060
Subtotal: Birth Defects and Developmental Disabilities, program level .....	205,060
Public Health Scientific Services .....	546,553
Evaluation Funding (PHS Act Sec 241) .....	(42,944)
Prevention and Public Health Fund .....	(150,000)
Subtotal, Public Health Scientific Services, program level .....	739,497
Environmental Health .....	191,850

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Prevention and Public Health Fund .....	(51,000)
Subtotal, Environmental Health, program level .....	242,850
Injury Prevention and Control .....	761,379
Evaluation Funding (PHS Act Sec 241) .....	
Subtotal, Injury Prevention and Control, program level .....	761,379
National Institute for Occupational Safety and Health .....	363,800
Energy Employees Occupational Illness Compensation Program .....	55,358
Global Health .....	692,843
Public Health Preparedness and Response .....	933,200
CDC—Wide Activities and Program Support:	
Preventive Health and Health Services Block Grant (Prevention and Public Health Fund) .....	(160,000)
Office of the Director .....	116,570
Reserve Fund .....	5,000
Public Health Infrastructure and Capacity .....	260,000
Prevention and Public Health Fund .....	(90,000)
Subtotal, Public Health Infrastructure and Capacity .....	350,000
Subtotal, CDC—Wide Activities .....	381,570
(Prevention and Public Health Fund) .....	(250,000)
Buildings and Facilities .....	40,000
Total, Centers for Disease Control and Prevention .....	7,710,771
Discretionary .....	(7,655,413)
Mandatory .....	(55,358)
(Evaluation Funding (PHS Act Sec 241)) .....	(42,944)
(Prevention and Public Health Fund) .....	(1,398,375)
Total, Centers for Disease Control, program level .....	(9,152,090)
NATIONAL INSTITUTES OF HEALTH (NIH)	
National Cancer Institute (NCI) .....	7,374,159
National Heart, Lung, and Blood Institute (NHLBI) .....	3,982,345
National Institute of Dental and Craniofacial Research (NIDCR) .....	520,163
National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK] .....	2,320,721
National Institute of Neurological Disorders and Stroke (NINDS) .....	2,773,925
National Institute of Allergy and Infectious Diseases (NIAID) .....	6,592,279
National Institute of General Medical Sciences (NIGMS) .....	1,832,197
Evaluation Funding (PHS Act Sec 241) .....	(1,412,482)
Subtotal, NIGMS, program level .....	3,244,679
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) .....	1,779,078
National Eye Institute (NEI) .....	896,549
National Institute of Environmental Health Sciences (NIEHS) .....	913,979
National Institute on Aging (NIA) .....	4,557,623
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) .....	685,465
National Institute on Deafness and Other Communication Disorders (NIDCD) .....	534,333
National Institute of Nursing Research (NINR) .....	197,693
National Institute on Alcohol Abuse and Alcoholism (NIAAA) .....	595,318
National Institute on Drug Abuse (NIDA) .....	1,662,695
National Institute of Mental Health (NIMH) .....	2,193,843
National Human Genome Research Institute (NHGRI) .....	663,200
National Institute of Biomedical Imaging and Bioengineering (NIBIB) .....	440,627
National Center for Complementary and Integrative Health (NCCIH) .....	170,384

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
National Institute on Minority Health and Health Disparities (NIMHD) .....	534,395
John E Fogarty International Center (FIC) .....	95,162
National Library of Medicine (NLM) .....	497,548
National Center for Advancing Translational Sciences (NCATS) .....	938,323
Office of the Director .....	2,447,914
Common Fund (non-add) .....	(572,401)
Office of Research on Women's Health (non-add) .....	(106,480)
Gabiella Miller Kids First Research Act .....	12,600
Subtotal, Office of the Director .....	2,460,514
Buildings and Facilities .....	350,000
NIH Innovation Account, CURES Act .....	(226,000)
Advanced Research Projects Agency for Health (ARPA-H) .....	1,500,000
Subtotal, National Institutes of Health .....	47,062,518
Total, National Institutes of Health (with CURES Act funding) .....	47,288,518
(Evaluation Funding (PHS Act Sec 241)) .....	(1,412,482)
Total, National Institutes of Health, program level (with CURES and PHS Evaluation Act Funding) ..	48,701,000
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)	
Mental Health	
Programs of Regional and National Significance .....	1,059,853
Prevention and Public Health Fund .....	(12,000)
Subtotal .....	1,071,853
Mental Health Block Grant (MHBG) .....	986,532
Evaluation Funding (PHS Act Sec 241) .....	(21,039)
Subtotal .....	1,007,571
Certified Community Behavioral Health Clinics .....	385,500
National Child Traumatic Stress Initiative .....	98,887
Children's Mental Health Services .....	130,000
Projects for Assistance in Transition from Homelessness (PATH) .....	66,635
Protection and Advocacy for Individuals with Mental Illness (PAIMI) .....	40,000
Subtotal, Mental Health .....	2,767,407
(Evaluation Funding (PHS Act Sec 241)) .....	(21,039)
(Prevention and Public Health Fund) .....	(12,000)
Subtotal, Mental Health program level .....	2,800,446
Substance Abuse Treatment	
Programs of Regional and National Significance .....	559,219
Evaluation Funding (PHS Act Sec 241) .....	(2,000)
Subtotal .....	561,219
Substance Use Prevention, Treatment, and Recovery Services Block Grant .....	1,948,879
Evaluation Funding (PHS Act Sec 241) .....	(79,200)

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Subtotal, Substance Use Prevention, Treatment, and Recovery Services Block Grant, program level .....	2,028,079
State Opioid Response grants .....	1,595,000
Subtotal, Substance Abuse Treatment .....	4,103,098
(Evaluation Funding (PHS Act Sec 241)) .....	(81,200)
Subtotal, Substance Abuse Treatment, program level .....	4,184,298
Substance Abuse Prevention	
Programs of Regional and National Significance .....	236,879
Health Surveillance and Program Support	
Health Surveillance and Program Support .....	121,255
Congressionally Directed Spending .....	54,611
Evaluation Funding (PHS Act Sec 241) .....	(31,428)
Subtotal, Health Surveillance and Program Support program level .....	207,294
Total, SAMHSA .....	7,283,250
(Evaluation Funding (PHS Act Sec 241)) .....	(133,667)
(Prevention and Public Health Fund) .....	(12,000)
Total, SAMHSA, program level .....	7,428,917
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)	
Healthcare Research and Quality	
Research on Health Costs, Quality, and Outcomes:	
Federal Funds .....	214,109
Subtotal, Research on Health Costs, Quality, and Outcomes, program level .....	214,109
Medical Expenditures Panel Surveys:	
Federal Funds .....	72,791
Program Support:	
Appropriation .....	58,480
Total, AHRQ .....	345,380
(Evaluation Funding (PHS Act Sec 241)) .....	
Total, AHRQ, program level .....	345,380
CENTERS FOR MEDICARE AND MEDICAID SERVICES	
Grants to States for Medicaid	
Medicaid Current Law Benefits .....	732,739,733
State and Local Administration .....	28,542,606
Vaccines for Children .....	7,930,272
Total, Medicaid program level, available this fiscal year .....	769,212,611
Less appropriations provided in prior years .....	— 261,063,820

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Total, Grants to States for Medicaid .....	508,148,791
New advance, 1st quarter, FY 2027 .....	316,514,725
Total, Grants to States for Medicaid, appropriated in this bill .....	824,663,516
Payments to the Health Care Trust Funds	
Supplemental Medical Insurance .....	464,796,000
Federal Uninsured Payment .....	41,000
Program Management .....	1,000,000
General Revenue for Part D Benefit .....	127,012,000
General Revenue for Part D Administration .....	586,000
HCFAC Reimbursement .....	377,000
State Low-Income Determination for Part D .....	5,000
Total, Payments to Trust Funds .....	593,817,000
Program Management	
Research, Demonstration, and Evaluation .....	20,054
Program Operations .....	2,479,823
State Survey and Certification .....	397,334
Federal Administration .....	772,533
Subtotal, Program Management .....	3,669,744
Total, Program Management .....	3,669,744
Health Care Fraud and Abuse Control Account	
Centers for Medicare and Medicaid Services .....	699,058
HHS Office of Inspector General .....	108,735
Department of Justice .....	133,207
Senior Medicare Patrol (non-add) .....	
Total, Health Care Fraud and Abuse Control .....	941,000
Program integrity (cap adjustment) .....	(630,000)
Total, Centers for Medicare and Medicaid Services .....	1,423,091,260
Federal funds .....	(1,418,480,516)
Current year appropriations .....	(1,101,965,791)
Advance appropriations .....	(316,514,725)
Trust Funds .....	(4,610,744)
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)	
Payments to States for Child Support Enforcement and Family Support Programs	
Payments to Territories .....	33,000
Repatriation .....	19,593
Subtotal, Payments to States for Child Support Enforcement and Family Support Programs .....	52,593
Child Support Enforcement:	
State and Local Administration .....	4,943,656
Federal Incentive Payments .....	740,751
Access and Visitation .....	10,000
Subtotal, Child Support Enforcement .....	5,694,407

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Total, Child Support Enforcement and Family Support Payments, program level available this fiscal year .....	5,747,000
New advance, 1st quarter, FY 2026 .....	1,800,000
Less appropriations provided in prior years .....	— 1,600,000
Total, Current Year .....	4,147,000
Total, Child Support Enforcement and Family Support Payments, appropriated in this bill .....	5,947,000
Low Income Home Energy Assistance	
Formula Grants .....	4,045,000
Total, LIHEAP .....	4,045,000
Refugee and Entrant Assistance	
Transitional and Medical Services .....	564,000
Refugee Support Services .....	307,201
Victims of Trafficking .....	30,755
Unaccompanied Children .....	4,770,077
Survivors of Torture .....	19,000
Total, Refugee and Entrant Assistance .....	5,691,033
Promoting Safe and Stable Families .....	420,000
Discretionary Funds .....	62,515
Total, Promoting Safe and Stable Families .....	482,515
Payments to States for the Child Care and Development Block Grant .....	8,831,387
Additional funding (emergency) .....	.....
Social Services Block Grant (Title XX) .....	1,700,000
Children and Families Services Programs	
Programs for Children, Youth and Families:	
Head Start .....	12,356,820
Preschool Development Grants .....	315,000
Runaway and Homeless Youth Program .....	125,283
Prevention Grants to Reduce Abuse of Runaway Youth .....	21,000
Child Abuse State Grants .....	105,091
Child Abuse Discretionary Activities .....	36,000
Community Based Child Abuse Prevention .....	70,660
Child Welfare Services .....	268,735
Child Welfare Research, Training, and Demonstration .....	21,984
Adoption Opportunities .....	53,000
Adoption and Legal Guardianship Incentive Payments .....	75,000
Social Services Research and Demonstration .....	30,012
Congressionally Directed Spending .....	41,051
Native American Programs .....	60,500
Community Services:	
Community Services Block Grant Act programs:	
Grants to States for Community Services .....	770,000
Economic Development .....	22,383
Rural Community Facilities .....	12,000
Subtotal, Community Services Block Grant Act programs .....	804,383
National Domestic Violence Hotline .....	20,500
Family Violence Prevention and Services .....	240,000

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Chafee Education and Training Vouchers .....	44,257
Disaster Human Services Case Management .....	1,864
Program Direction .....	209,000
Total, Children and Families Services Programs .....	14,900,140
Payments for Foster Care and Permanency	
Foster Care .....	5,517,000
Adoption Assistance .....	4,397,000
Guardianship .....	386,000
Independent Living .....	143,000
Foster Care Prevention Services .....	
Total, Payments to States available this fiscal year .....	10,443,000
Advance appropriations, 1st quarter, FY 2027 .....	3,800,000
less appropriations provided in prior years .....	— 3,600,000
Total, Current Year .....	6,843,000
Total, Payments to States available in this bill .....	10,643,000
Total, Administration for Children and Families .....	52,240,075
Current year appropriations .....	(46,640,075)
Advance appropriations .....	(5,600,000)
Total, Administration for Children and Families, discretionary .....	(33,530,075)
ADMINISTRATION FOR COMMUNITY LIVING	
Aging and Disability Services Programs	
Grants to States:	
Home and Community-based Supportive Services .....	410,000
Preventive Health .....	26,339
Protection of Vulnerable Older Americans-Title VII .....	26,658
Subtotal .....	462,997
Family Caregivers .....	209,000
National Family Caregiver Strategy .....	(3,000)
Native American Caregivers Support .....	12,000
Subtotal, Caregivers .....	221,000
Nutrition:	
Congregate Meals .....	565,342
Home Delivered Meals .....	381,342
Nutrition Services Incentive Program .....	112,000
Subtotal, Nutrition .....	1,058,684
Subtotal, Grants to States .....	1,742,681
Grants for Native Americans .....	38,264
Aging Network Support Activities .....	30,461
Alzheimer's Disease Program:	
Appropriation .....	16,800
Prevention and Public Health Fund .....	(14,700)

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Subtotal, Alzheimer's Disease Demonstrations, program level .....	31,500
Lifespan Respite Care .....	11,000
Chronic Disease Self-Management:	
Prevention and Public Health Fund .....	(8,000)
Elder Falls Prevention:	
Appropriation .....	2,500
Prevention and Public Health Fund .....	(5,000)
Subtotal, Elder Falls Prevention, program level .....	7,500
Elder Rights Support Activities .....	33,874
Aging and Disability Resources .....	8,619
State Health Insurance Assistance Program (SHIP) .....	55,242
Paralysis Resource Center:	
Appropriation .....	10,700
National Paralysis Resource Center .....	(10,000)
Limb Loss Resource Center:	
Appropriation .....	4,200
Traumatic Brain Injury:	
Appropriation .....	13,118
Developmental Disabilities Programs:	
State Councils .....	81,000
Technical Assistance and Training .....	(800)
Protection and Advocacy .....	45,000
Voting Access for Individuals with Disabilities .....	10,000
Developmental Disabilities Projects of National Significance .....	12,250
University Centers for Excellence in Developmental Disabilities .....	43,119
Subtotal, Developmental Disabilities Programs .....	191,369
Workforce Innovation and Opportunity Act:	
Independent Living .....	128,183
National Institute on Disability, Independent Living, and Rehabilitation Research .....	119,000
Assistive Technology .....	40,000
Subtotal, Workforce Innovation and Opportunity Act .....	287,183
Congressionally Directed Spending .....	13,968
Program Administration .....	41,000
Total, Administration for Community Living .....	2,500,979
Federal funds .....	(2,445,737)
Trust Funds .....	(55,242)
(Prevention and Public Health Fund) .....	(27,700)
Total, Administration for Community Living, program level .....	2,542,479
ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE	
Research, Development, and Procurement	
Biomedical Advanced Research and Development Authority (BARDA) .....	1,015,000
Project BioShield .....	825,000
Strategic National Stockpile .....	980,000
Pandemic Influenza Preparedness:	
Pandemic Influenza Preparedness .....	307,991
Subtotal, Pandemic Influenza Preparedness, program level .....	(307,991)



## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Subtotal Research, Development, and Procurement .....	3,127,991
Operations, Preparedness, and Emergency Response	
Operations .....	34,376
H—Core .....	
Preparedness and Emergency Operations .....	31,154
National Disaster Medical System .....	78,904
Hospital Preparedness Program .....	309,055
Formula Grants (non-add) .....	(240,000)
Policy and Planning .....	14,877
Medical Reserve Corps .....	6,240
Preparedness and Response Innovation .....	4,000
Pandemic Preparedness and Biodefense .....	10,000
Subtotal, Operations and Emergency Response .....	488,606
Total, Administration for Strategic Preparedness and Response .....	3,616,597
DEPARTMENTAL MANAGEMENT	
General Departmental Management	
General Departmental Management, Federal Funds .....	191,169
Other Programs, Projects, and Activities (PPAs) .....	
Teen Pregnancy Prevention Community Grants .....	101,000
Evaluation Funding (PHS Act Sec 241) .....	(6,800)
Subtotal, Teen Pregnancy Prevention Community Grants, program level .....	107,800
Sexual Risk Avoidance .....	35,000
Office of Minority Health .....	70,835
Office on Women's Health .....	42,140
Minority HIV/AIDS Fund .....	56,000
Embryo Adoption Awareness Campaign .....	1,000
Planning and Evaluation, Evaluation Funding (PHS Act Sec 241) .....	(58,028)
Subtotal, General Departmental Management .....	497,144
Cybersecurity .....	100,000
Office of National Security .....	8,983
Office of Global Affairs .....	7,009
Total, General Departmental Management .....	613,136
(Evaluation Funding (PHS Act Sec 241)) .....	(64,828)
Total, General Departmental Management fiscal year program level .....	677,964
Office for Civil Rights	
Federal Funds .....	39,798
Office of the National Coordinator for Health Information Technology: Evaluation Funding (PHS Act Sec 241) .....	(69,238)
Total, Program Level .....	69,238
Medicare Hearings and Appeals .....	196,000
Office of the Inspector General	
Office of Inspector General .....	87,000

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Retirement Pay and Medical Benefits for Commissioned Officers	
Retirement Payments .....	771,520
Survivors Benefits .....	49,873
Dependents' Medical Care .....	125,789
Total, Medical Benefits for Commissioned Officers .....	947,182
Total, Office of the Secretary .....	1,883,116
Federal Funds .....	(1,687,116)
Trust Funds .....	(196,000)
(Evaluation Funding (PHS Act Sec 241)) .....	(134,066)
Total, Office of the Secretary, program level .....	2,017,182
GENERAL PROVISIONS DEPARTMENT OF HEALTH AND HUMAN SERVICES	
Medicare Operations (Sec 227) .....	455,000
Total, Title II, Department of Health and Human Services .....	1,555,322,508
Federal Funds .....	1,549,718,260
Current Year appropriations .....	(1,227,603,535)
Emergency appropriations .....	
Advance appropriations, FY 2027 .....	(322,114,725)
Trust Funds .....	(5,604,248)
CURES Act .....	(226,000)
Prevention and Public Health Fund .....	(1,438,075)
Total, Title II, Department of Health and Human Services discretionary .....	116,857,390
TITLE III—DEPARTMENT OF EDUCATION	
Education for the Disadvantaged	
Grants to Local Educational Agencies (LEAs)	
Basic Grants:	
Appropriations from prior year advances .....	763,776
Forward funded .....	5,690,625
Current appropriation .....	5,000
Subtotal, Basic Grants available this fiscal year .....	5,695,625
Advance appropriations, FY 2027 .....	763,776
less appropriations available from prior year advances .....	— 763,776
Subtotal, Basic Grants, appropriated in this bill .....	6,459,401
Concentration Grants:	
Appropriations from prior year advances .....	1,362,301
Advance appropriations, FY 2027 .....	1,362,301
less appropriations provided from prior year advances .....	— 1,362,301
Subtotal, Concentration Grants, appropriated in this bill .....	1,362,301
Targeted Grants:	
Appropriations from prior year advances .....	4,357,550
Forward funded .....	960,000
Subtotal, Targeted Grants available this fiscal year .....	5,317,550
Advance appropriations, FY 2027 .....	4,357,550

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
less appropriations provided from prior year advances .....	— 4,357,550
Subtotal, Targeted Grants, appropriated in this bill .....	5,317,550
Education Finance Incentive Grants:	
Appropriations from prior year advances .....	4,357,550
Forward Funded .....	960,000
Advance appropriations, FY 2027 .....	4,357,550
less appropriations provided from prior year advances .....	— 4,357,550
Subtotal, Education Finance Incentive Grants, appropriated in this bill .....	5,317,550
Subtotal, Grants to LEAs, fiscal year program level .....	18,456,802
Innovative Approaches to Literacy .....	30,000
Comprehensive literacy development grants .....	194,000
State Agency Programs:	
Migrant .....	375,626
Neglected and Delinquent/High Risk Youth .....	49,239
Subtotal, State Agency Programs .....	424,865
Special Programs for Migrant Students (Sec 418A, HEA) .....	52,123
Total, Education for the Disadvantaged .....	19,157,790
Current year appropriations .....	(8,316,613)
(Forward Funded) .....	(8,229,490)
Advance appropriations .....	(10,841,177)
Impact Aid	
Basic Support Payments .....	1,474,000
Payments for Children with Disabilities .....	48,316
Facilities Maintenance (Sec 7008) .....	4,835
Construction (Sec 7007) .....	19,000
Payments for Federal Property (Sec 7002) .....	79,000
Total, Impact aid .....	1,625,151
School Improvement Programs	
Supporting Effective Instruction State Grants .....	508,639
Appropriations from prior year advances .....	1,681,441
Subtotal, Supporting Effective Instruction State Grants available this fiscal year .....	2,190,080
Advance appropriations, FY 2027 .....	1,681,441
less appropriations provided from prior year advances .....	— 1,681,441
Subtotal, Supporting Effective Instruction State Grants appropriated in this bill .....	2,190,080
State Assessments .....	380,000
Education for Homeless Children and Youth .....	129,000
Training and Advisory Services (Civil Rights) .....	6,575
Nita M Lowey 21st Century Community Learning Centers .....	1,329,673
Student Support and Academic Enrichment grants .....	1,380,000
Rural Education .....	225,000
Native Hawaiian Education .....	45,897
Alaska Native Education .....	44,953
Comprehensive Centers .....	50,000

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Total, School Improvement Programs .....	5,781,178
Current year appropriations .....	(4,099,737)
(Forward Funded) .....	(3,952,312)
Advance appropriations .....	(1,681,441)
Indian Education	
Grants to Local Educational Agencies .....	110,381
Federal Programs:	
Special Programs for Indian Children .....	72,000
National Activities .....	12,365
Subtotal, Federal Programs .....	84,365
Total, Indian Education .....	194,746
Innovation and Improvement	
American History and Civics Academies .....	3,000
American History and Civics National Activities .....	20,000
Teacher and School Leader Incentive Grants .....	60,000
Supporting Effective Educator Development (SEED) .....	90,000
Charter Schools Grants .....	440,000
Magnet Schools Assistance .....	139,000
Ready-to-Learn Television .....	28,500
Arts in Education .....	31,500
Javits Gifted and Talented Education .....	16,500
Statewide Family Engagement Centers .....	20,000
Education Innovation and Research .....	235,000
Congressionally Directed Spending .....	100,147
Total, Innovation and Improvement .....	1,183,647
Safe Schools and Citizenship Education	
Promise Neighborhoods .....	91,000
School Safety National Activities .....	190,000
Full-Service Community Schools .....	135,000
Total, Safe Schools and Citizenship Education .....	416,000
OFFICE OF ENGLISH LANGUAGE ACQUISITION	
English Language Acquisition	
Current year appropriations .....	57,850
Forward funded .....	832,150
Total, Office of English Language Acquisition .....	890,000
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES	
Special Education	
State Grants:	
Grants to States Part B current year .....	4,980,321
Part B advance from prior year .....	(9,283,383)
Grants to States Part B (FY2027) .....	9,283,383
Subtotal, program level .....	14,263,704
Preschool Grants .....	420,000

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Grants for Infants and Families .....	540,000
Subtotal, program level .....	15,223,704
IDEA National Activities (current funded):	
State Personnel Development .....	38,630
Technical Assistance and Dissemination .....	39,345
Personnel Preparation .....	115,000
Parent Information Centers .....	33,152
Technology and Media Services .....	31,433
Subtotal, IDEA National Activities .....	257,560
Special Olympics Education Programs .....	36,000
Total, Special Education .....	15,517,264
Current Year appropriations .....	(6,233,881)
(Forward Funded) .....	(5,940,321)
Advance appropriations .....	(9,283,383)
Rehabilitation Services	
Vocational Rehabilitation State Grants .....	4,504,096
Client Assistance State grants .....	13,000
Training .....	29,388
Demonstration and Training programs .....	5,796
Protection and Advocacy of Individual Rights [PAIR] .....	20,150
Supported Employment State grants .....	22,548
Independent Living Services for Older Individuals Who Are Blind .....	33,317
Hellen Keller National Center for Deaf/Blind Youth and Adults .....	19,000
Total, Rehabilitation Services .....	4,647,295
(Discretionary) .....	(143,199)
(Mandatory) .....	(4,504,096)
Special Institutions for Persons with Disabilities	
American Printing House for the Blind .....	43,431
National Technical Institute for the Deaf [NTID]:	
Operations .....	92,500
Gallaudet University:	
Operations .....	167,361
Total, Special Institutions for Persons with Disabilities .....	303,292
OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION	
Career, Technical, and Adult Education 2/	
Career and Technical Education:	
Basic State Grants:	
State Grants .....	648,848
Appropriations available from prior year advances .....	791,000
Total, Basic State Grants, fiscal year program level .....	1,439,848
Advance appropriations, FY 2027 .....	791,000
less appropriations provided in prior years .....	— 791,000
Subtotal, Basic State Grants appropriated in this bill .....	1,439,848

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
National Programs .....	12,421
Subtotal, Career Education .....	1,452,269
Adult Education:	
State Grants/Adult Basic and Literacy Education:	
State Grants, forward funded .....	715,455
National Leadership Activities .....	13,712
Subtotal, Adult Education .....	729,167
Total, Office of Career, Technical, and Adult Education .....	2,181,436
Current Year appropriations .....	(1,390,436)
(Forward Funded) .....	(1,390,436)
Advance appropriations .....	(791,000)
OFFICE OF FEDERAL STUDENT AID	
Student Financial Assistance	
Pell Grants—maximum grant (NA) .....	(6,335)
Pell Grants .....	22,475,352
Federal Supplemental Educational Opportunity Grants .....	910,000
Federal Work Study .....	1,230,000
Total, Student Financial Assistance .....	24,615,352
Student Aid Administration	
Salaries and Expenses .....	1,058,943
Servicing Activities .....	1,000,000
Total, Student Aid Administration .....	2,058,943
Total, Office of Federal Student Aid .....	26,674,295
OFFICE OF POSTSECONDARY EDUCATION	
Higher Education	
Aid for Institutional Development:	
Strengthening Institutions Program .....	107,070
Developing Hispanic-Serving Institutions .....	228,890
Promoting Postbaccalaureate Opportunities for Hispanic Americans .....	27,451
Strengthening Historically Black Colleges and Universities (HBCUs) .....	400,966
Strengthening Historically Black Graduate Institutions .....	101,286
Strengthening Predominantly Black Institutions .....	22,412
Strengthening Asian American and Native American Pacific Islander-Serving Institutions .....	18,682
Strengthening Alaska Native and Native Hawaiian-Serving Institutions .....	24,555
Strengthening Native American-Serving Nontribal Institutions .....	11,462
Strengthening Tribally Controlled Colleges and Universities .....	51,807
Strengthening HBCU Masters programs .....	20,037
Subtotal, Aid for Institutional Development .....	1,014,618
International Education and Foreign Language:	
Domestic Programs .....	70,353
Overseas Programs .....	10,311
Subtotal, International Education and Foreign Language .....	80,664
Transition and Postsecondary Programs for Students with Intellectual Disabilities .....	13,800
Minority Science and Engineering Improvement .....	16,370

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Tribally Controlled Postsecondary Career and Technical Institutions .....	11,953
Federal TRIO Programs .....	1,191,000
GEAR UP .....	388,000
Graduate Assistance in Areas of National Need .....	23,547
Teacher Quality Partnerships .....	65,000
Child Care Access Means Parents in School .....	75,000
Fund for the Improvement of Postsecondary Education .....	146,000
Congressionally Directed Spending .....	226,974
Hawkins Centers of Excellence .....	15,000
Total, Higher Education .....	3,267,926
Howard University	
Academic Program .....	223,288
Endowment Program .....	3,405
Howard University Hospital .....	27,325
Total, Howard University .....	254,018
College Housing and Academic Facilities Loans Program .....	298
Historically Black College and University [HBCU] Capital Financing Program Account	
HBCU Federal Administration .....	528
HBCU Loan Subsidies .....	20,150
Total, HBCU Capital Financing Program Account .....	20,678
Total, Office of Postsecondary Education .....	3,542,920
INSTITUTE OF EDUCATION SCIENCES (IES)	
Research, Development, and Dissemination .....	245,000
Statistics .....	121,500
Regional Educational Laboratories .....	53,733
Research in Special Education .....	64,255
Special Education Studies and Evaluations .....	13,318
Statewide Longitudinal Data Systems .....	28,500
Assessment:	
National Assessment .....	185,000
National Assessment Governing Board .....	8,300
Subtotal, Assessment .....	193,300
Program Administration .....	73,500
Total, Institute of Education Sciences .....	793,106
DEPARTMENTAL MANAGEMENT	
Program Administration:	
Salaries and Expenses .....	379,907
Office for Civil Rights .....	140,000
Office of Inspector General .....	67,500
Total, Departmental Management .....	587,407
Total, Title III, Department of Education .....	83,495,527
Current Year appropriations .....	(60,898,526)

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
Advance appropriations .....	(22,597,001)
Total, Title III Department of Education discretionary .....	78,991,431
TITLE IV—RELATED AGENCIES	
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERLY DISABLED	
Salaries and Expenses .....	13,124
Office of Inspector General .....	(3,150)
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE	
Operating Expenses	
Domestic Volunteer Service Programs:	
Volunteers in Service to America [VISTA] .....	103,285
National Senior Volunteer Corps:	
Foster Grandparents Program .....	125,363
Senior Companion Program .....	56,449
Retired Senior Volunteer Program .....	55,105
Subtotal, Senior Volunteer Corps .....	236,917
Subtotal, Domestic Volunteer Service Programs .....	340,202
National and Community Service Programs:	
AmeriCorps State and National Grants .....	557,094
Innovation, Assistance, and Other Activities .....	14,706
Evaluation .....	6,250
National Civilian Community Corps (subtitle E) .....	37,735
State Commission Support Grants .....	19,538
Subtotal, National and Community Service Programs .....	635,323
Total, Operating expenses .....	975,525
Payment to the National Service Trust .....	180,000
Salaries and Expenses .....	89,686
Office of Inspector General .....	7,595
Total Corporation for Public Broadcasting, appropriated in this bill .....	
FEDERAL MEDIATION AND CONCILIATION SERVICE	
Salaries and Expenses .....	53,705
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION	
Salaries and Expenses .....	18,012
INSTITUTE OF MUSEUM AND LIBRARY SERVICES	
Office of Museum and Library Services: Grants and Administration .....	291,800
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION	
Salaries and Expenses .....	9,405
MEDICARE PAYMENT ADVISORY COMMISSION	
Salaries and Expenses .....	13,824
NATIONAL COUNCIL ON DISABILITY	
Salaries and Expenses .....	3,850
NATIONAL LABOR RELATIONS BOARD	
Salaries and Expenses .....	294,224



## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
NATIONAL MEDIATION BOARD	
Salaries and Expenses .....	15,113
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION	
Salaries and Expenses .....	14,449
RAILROAD RETIREMENT BOARD	
Dual Benefits Payments Account .....	8,000
Less Income Tax Receipts on Dual Benefits .....	
Subtotal, Dual Benefits .....	8,000
Federal Payments to the Railroad Retirement Accounts .....	150
Limitation on administrative expenses .....	126,000
Limitation on the Office of Inspector General .....	14,000
Total, Railroad Retirement Board .....	148,150
SOCIAL SECURITY ADMINISTRATION	
Payments to Social Security Trust Funds .....	15,000
Supplemental Security Income Program	
Federal Benefit Payments .....	66,762,000
Beneficiary Services .....	75,000
Research and Demonstration .....	91,000
Administration .....	4,619,965
Subtotal, available this fiscal year .....	71,547,965
Less appropriations provided from prior year advances .....	— 22,100,000
Subtotal, current year appropriation .....	49,447,965
Subtotal, Mandatory .....	44,828,000
Advance appropriations, 1st quarter, FY 2027 .....	23,500,000
Total, SSI program appropriated in this bill .....	72,947,965
Limitation on Administrative Expenses	
OASI/DI Trust Funds .....	5,645,391
HI/SMI Trust Funds .....	3,730,789
Social Security Advisory Board .....	2,700
SSI .....	2,946,098
Subtotal .....	12,324,978
User Fees:	
SSI User Fee activities .....	170,000
SSPA User Fee Activities .....	
CBO adjustment .....	
Subtotal, User fees .....	170,000
Subtotal, Limitation on administrative expenses .....	12,494,978
Program Integrity:	
OASDI Trust Funds .....	723,133

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
SSI .....	1,673,867
Subtotal, Program integrity funding .....	2,397,000
Base Program Integrity .....	(273,000)
Program Integrity (cap adjustment) .....	(2,124,000)
Total, Limitation on Administrative Expenses .....	14,891,978
Total, Limitation on Administrative Expenses (less user fees) .....	14,721,978
Office of Inspector General	
Federal Funds .....	32,000
Trust Funds .....	82,665
Total, Office of Inspector General .....	114,665
Adjustment: Trust fund transfers from general revenues .....	– 4,619,965
Total, Social Security Administration .....	83,349,643
Federal funds .....	(73,164,965)
Current year .....	(49,664,965)
New advances, 1st quarter, FY 2027 .....	(23,500,000)
Trust funds .....	(10,184,678)
Total, Title IV, Related Agencies .....	85,478,105
Federal Funds .....	(75,139,603)
Current Year .....	(51,639,603)
FY 2027 Advance .....	(23,500,000)
FY 2028 Advance .....	
Trust Funds .....	(10,338,502)
Total, Title IV Related Agencies discretionary .....	17,134,955
Grand total .....	1,739,892,053
(Mandatory) .....	(1,513,236,977)
(Discretionary) .....	(226,655,076)
DISCRETIONARY RESCISSIONS	
Nonrecurring expenses fund, HHS (rescission) .....	– 1,613,000
Institute of Education Sciences (rescission) .....	– 25,000
Nonrecurring expenses fund, Education (rescission) .....	– 197,000
Dislocated Worker National Reserve (rescission) .....	– 75,000
Total, Discretionary Rescissions .....	– 1,910,000
CHANGES IN MANDATORY PROGRAMS (CHIMPS)	
H–1B (rescission) (DOL) .....	– 200,000
Child Enrollment Contingency Fund (HHS–CMS) .....	– 12,685,000
Internal Revenue Service Operations (rescission) .....	– 11,661,000
Total, Changes in Mandatory Programs .....	– 24,546,000

## AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2026—Continued

[In thousands of dollars]

Item	Committee recommendation
OTHER APPROPRIATIONS	
THE INFRASTRUCTURE INVESTMENT AND JOBS ACT, 2022	
(P L 117–58)	
DIVISION J—APPROPRIATIONS	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	
Administration for Children and Families	
Low Income Home Energy Assistance:	
Appropriations available from prior year (emergency) .....	(100,000)
Total, Low Income Home Energy Assistance .....	
Total, Infrastructure Investment and Jobs Act .....	
BIPARTISAN SAFER COMMUNITIES SUPPLEMENTAL APPROPRIATIONS ACT, 2022	
(P L 117–159)	
DIVISION B—APPROPRIATIONS	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	
Health Workforce (by transfer) (emergency) .....	(12,000)
Total, Health Resources and Services Administration .....	
Office of the Secretary	
Public Health and Social Services Emergency Fund:	
(transfer out) (emergency) .....	(– 12,000)
Appropriations available from prior year advances (emergency) .....	(12,000)
Total, Public Health and Social Services Emergency Fund .....	
Total Department of Health and Human Services .....	
DEPARTMENT OF EDUCATION	
Safe Schools and Citizenship Education:	
Appropriations available from prior year advances (emergency) .....	(200,000)
Total, Safe Schools and Citizenship Education .....	
Total, Bipartisan Safer Communities Supplemental Appropriations Act, 2022 .....	
Total, Other Appropriations .....	
Grand Total .....	1,713,436,053
Appropriations .....	(1,336,872,492)
Emergency appropriations .....	
Trust funds .....	(20,344,935)
Advance Appropriations, FY 2027 .....	(369,989,626)
Advance appropriations, FY 2028 .....	
Rescissions .....	(– 13,771,000)
21st Century CURES Act funding .....	(226,000)